

## STANDARD WITHDRAWAL FORM

### COMPANY INFORMATION

Name: by CIKIC

Central business registration number.:  
42037036

Phone:

Email: contact@bycikic.com

Address: Salamanderparken 106

Postal code: 8260

City and country: Viby J, Denmark

### CUSTOMER INFORMATION

Name:

Address:

Phone:

Email:

City and country:

Postal code:

### THE FOLLOWING GOODS WHERE THE RIGHT OF THE WITHDRAWAL SHALL BE EXERCISED

### THE DATE OF RECEIPT OF THE ABOVE-MENTIONED GOODS

Date:

### CUSTOMER'S SIGNATURE

I hereby notify that I wish to exercise the right of withdrawal in connection with the above-mentioned goods. At the same time, I acknowledge that all information I have provided on the withdrawal form is correct.

The customer's signature:

Date:

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