



WITHDRAWAL FORM

To:

Misstella BV

PO Box 347

1740 AH Schagen

The Netherlands

Fax: (+31) 224 295170

E-mail: info@misstella.com

I/We (*) hereby give notice that I/we (*) withdraw from my/our (*) contract of sale of the following goods/for the provision of the following service (*):

Ordered on/received on () with order number/invoice number (*):*

Name of consumer(s):

Address of consumer(s):

Signature of consumer(s) [only if this form is notified on paper]:

Date:

() Please cross out if not applicable*