

# REVOCATION FORM

If you wish to cancel the contract, please complete and return this form.

**1) Recipient**

Oral Science, 9575-C, Ignace Street, Brossard, QC J4Y 2P3, Canada

E-mail: info@curaprox.ca

**2) Your details**

I /We (\*) hereby revoke the contract concluded by me/us (\*) for the purchase of the following goods (\*) / the provision of the following service (\*):

a) ordered on (\*) / received on (\*)

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b) Customer name

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c) Customer address

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d) Signature (only for communication on paper)

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e) Place and date

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(\*) Please delete where inapplicable.