Model Cancellation Form

*(Complete and return this form only if you wish to withdraw from the contract)*

To Better2Know

Enterprise House

1 Kirkby Lonsdale Business Park

Kendal Road

Kirkby Lonsdale

Carnforth, England

LA6 2GT

0207 099 0955

info@better2know.com

I/We [\*] hereby give notice that I/We [\*] cancel my/our [\*] contract of sale of the following goods [\*]/for the supply of the following service [\*],

Patient PIN number(s),

Ordered on [\*]/received on [\*],

Name of consumer(s),

Address of consumer(s),

Signature of consumer(s) (only if this form is notified on paper),

Date

[\*] Delete as appropriate

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