

Withdrawal form

This form is used when you want to withdraw your agreement, according to the regulations of distance agreements and agreements outside business premises (SFS 2005:59). You also have the possibility to withdraw in other ways than this form, but it is recommended to always save a copy of your withdrawal.

Template for withdrawal

Fill in the form and return to the address if you wish to exercise your rights of withdrawal.

Contact information

Name Nordic Executive Medicine AB
Address Vaksalagatan 2, 753 20 Uppsala
Email contact@nem.health

Customer information

Name	
Address	
Phonenumber	Email

I hereby notify my intention to withdraw from my purchase regarding the following service...

NEM Lite

NEM 360

... purchased ___ / ___ år _____

Place	Date
Signature	