

## Waiver form – Farmacia Campoamor

This form should be completed and returned only if you wish to waive the contract.

**For the attention of Farmacia Campoamor, Av. Adelfas, 45, urb. Dehesa de Campoamor C.P. 03189, Orihuela Costa (Alicante) Spain, [contacto@farmaciacampoamor.com](mailto:contacto@farmaciacampoamor.com)**

Hereby I inform you that I waive my contract of purchase of the following products.

– Order .....

– Name of the consumer or user .....

– Address of the consumer or user

.....

.....

– Email address, phone number .....

– Signature of the consumer .....

– Date .....