

Master Form for Rescission

Master Form for Resensation
(If you choose to rescind the contract, please fill in this form and return it to us.)
To:
Staatliche Schlösser, Burgen und Gärten Sachsen gemeinnützige GmbH
Stauffenbergallee 2a, 01099 Dresden
Fax +49 351 56391-1009
shop@schloesserland-sachsen.de
I/we (*) hereby rescind the contract concluded by me/us (*) on the purchase of the following goods (*)/on the rendering of the following services (*)
-Ordered on (*)/received on (*)
-Name of the consumer(s)
-Address of the consumer(s)
–Signed by the consumer(s) (only on hardcopy notification)
-Date

(*) Delete if inapplicable.