Bexen medical

Withdrawal form template

Oiarso, S. Coop

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Service/order received	
Name of interested party	
Address of interested party	
Email address	
Other contact information	
Date and place	Signature

In accordance with the provisions of Organic Law 15/1999, we wish inform you that the data obtained from this form will be included in an automated file under the responsibility of OIARSO, S.COOP in order to meet your right of withdrawal, in accordance with Law 3/2014, dated 27 March, amending consolidated text of the General Consumer Protection Act and any other complementary laws, approved by Royal Decree Legislation 1/2007, dated 16 November.

You can also exercise your rights of access, rectification, cancellation and opposition by writing to us at BARRIO ZIKUÑAGA POL. IND. IBARLUZE 57-F 20120, HERNANI (GIPUZKOA).

The submission of this form implies the formalisation of your right to withdraw and the subsequent termination of the obligation to execute the contract entered into between the parties. Once your request has been processed, OIARSO, S.COOP will send you an acknowledgement of receipt through the contact method that you have indicated on this form. Please remember that you must retain this as proof of exercising your right to withdrawal.