

*Christine Boegh*

**Withdrawal Form**

If you wish to use the right of withdrawal, please complete the form below (page 2 and 3) and thereafter mail it to:

Christine Boegh

C/O Schiøth

Att.: Christine Bøgh

Sdr. Fasanvej 35, 3 mf.

2000 Frederiksberg

Denmark

Or email it to:

Email: [christine@christineboegh.com](mailto:christine@christineboegh.com)

To do: 1: Print the form 2: Fill out (in a common readable way) and sign the form 3: Scan the document 4: Copy your proof of purchase 5: Send it all by email or print it and mail it.

**Withdrawal Form**

To:

Christine Boegh

C/O Schiøth

Att.: Christine Bøgh

Sdr. Fasanvej 35, 3 mf.

2000 Frederiksberg

Denmark

I hereby declare that I wish to make the right of withdrawal applicable in connection with my purchase agreement for the following item:

\_\_\_\_\_

Or

Delivery of the following service:

\_\_\_\_\_

I ordered the item/service:

Date: \_\_\_\_\_

I received the item/service:

Date: \_\_\_\_\_

*(If you already have received your ordered service you do not have any return rights and have been informed prior to the fulfillment of the service).*

**Your name:**

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Withdrawal Form

**Your address:**

Address 1: \_\_\_\_\_

(Street address, P.O. box, c/o, etc)

Address 2: \_\_\_\_\_

(Apartment, suite, unit, building, floor, etc)

City: \_\_\_\_\_

State/Province/Region: \_\_\_\_\_

Country: \_\_\_\_\_

Email address: \_\_\_\_\_

Payment method: \_\_\_\_\_

Your registration number of your bank account: \_\_\_\_\_

Your account number of your bank account: \_\_\_\_\_

*(This information is not sensitive, and can be disclosed by email or other traditional form of correspondence.)*

Your signature and the date you signed this formula:

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Thank you very much for doing your very best. ChristineBoegh.Com will get back to you as soon as possible. Stay lovable.

With love, joy and compassion

- Christine