

**Model Withdrawal Form for Contracts Concluded Outside Business Premises and
Distance Contracts**
(IN ACCORDANCE WITH SECTION B OF THE ANNEX TO LAW 2251/94)

Complete and return this form **only if you wish to withdraw from the contract.**

- To: **Company Name: Metropolitan Organization of Museums of
Visual Arts of Thessaloniki (MOMus)**

Address:
Stavroupoli, Thessaloniki
Street: Kolokotroni 21
Postal Code: 56430
Municipality: Pavlos Melas

FAX (if available):

E-mail (if available): shop@momus.gr

**I/We () hereby notify that I/we () withdraw from my/our () contract of sale for the
following goods ()/ provision of the following service (*):**

- Ordered on --/--/---- () / Received on --/--/---- ()

- Fill in your personal details below:

SURNAME:

FIRST NAME:

ADDRESS:

- **Street:**
- **Postal Code:**
- **Municipality:**

Phone (optional):

Email (optional):

Signature of consumer(s) (only if this form is submitted on paper):

Date: --/--/----

(*) Delete as appropriate.