

# REVOCATION FORM

If you wish to cancel the contract, please complete and return this form.

**1) Recipient**

PRIME DENTAL (A SUBSIDIARY OF CURADEN AG). 57 Douglas Ave Craighall  
Johannesburg 2196 South Africa  
E-mail: [admin@curaden.co.za](mailto:admin@curaden.co.za)

**2) Your details**

I /We (\*) hereby revoke the contract concluded by me/us (\*) for the purchase of the following goods (\*) / the provision of the following service (\*):

a) ordered on (\*) / received on (\*)

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b) Customer name

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c) Customer address

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d) Signature (only for communication on paper)

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e) Place and date

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(\*) Please delete where inapplicable.

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