

## **Model withdrawal form**

(complete and return this form only if you wish to withdraw from the contract)

To:

Risse Motorsport GmbH  
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Germany

Fax: +49292165646  
E-Mail: [info@risse-motorsport.de](mailto:info@risse-motorsport.de)

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

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Ordered on (\*) / received on (\*) \_\_\_\_\_

Name of consumer(s)

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Address of consumer(s)

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Date

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

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(\*) Delete as appropriate