

**APPENDIX 1 TO THE TERMS AND CONDITIONS**

**Withdrawal form from the remotely concluded contract**

Health Labs Care  
ul. Franciszka Klimczaka 1,  
02-797 Warszawa, Poland  
<https://www.healthlabs.care/pl-en>

address for correspondence: ul. Świętojańska 12A,  
15-082 Białystok, Poland

I hereby inform you with regard to my withdrawal from the contract concerning the sale of the following goods/services:

\_\_\_\_\_  
\_\_\_\_\_

**First and last name /Company name:** \_\_\_\_\_

**ID number:** \_\_\_\_\_

**Home address/Headquarters address:** \_\_\_\_\_

\_\_\_\_\_

**No. and date of order:** \_\_\_\_\_

**Bank account, bank and subsidiary:** \_\_\_\_\_

\_\_\_\_\_

**Delivery:** \_\_\_\_\_

\_\_\_\_\_

**Name of representative (if applicable):** \_\_\_\_\_

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

**Signature<sup>1</sup>:**

\_\_\_\_\_  
<sup>1</sup> Necessary only if delivered on printed paper