Your first name and name **Date:**

Your full address

CIS Pharma AG

Hauptstrasse 159

4416 Bubendorf

Switzerland

**Re: Cancellation of purchase order *no dated***

Ladies and Gentlemen,

I hereby would like to make use of my right to cancel and revoke my order within the statutory period of 14 days.

May I ask you to confirm my cancellation in writing.

Thank you very much and best regards,

Signature

Your first name and name