

Schedule 1- Cancellation Form

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

To: The Mobility Aids Cent	re	
Address: 88 South Street, S	Stanground, Peterborough, PE2 8EZ.	
Telephone number: 01733	342 242	
E-mail: enquiries@mobai	ds.co.uk	
	1	
I/We [I hereby give notice that I/We o	cancel my/our contract of sale of the
following goods:		
Ordered on [] / received on [].
•	.,	•
Name of consumer(s),		
Address of consumer(s),		
Signature of consumer(s)	only if this form is notified on pape	er),
Data		
Date		