

Withdrawal form (sample)

If you wish to withdraw from the contract, please enter this form and send it back:

To: Gesellschaft für Akademische
Studienvorbereitung und Testentwicklung e.V.
c/o TestDaF-Institut
Universitätsstraße 134
44799 Bochum
Telefax: +49 234 36715-900
E-Mail: kontakt@gast.de

I/we (*) hereby revoke the contract concluded by me/us (*) for the performance of a study aptitude test.

Ordered on:

Name of the consumer(s):

Address of the consumer(s):

.....

(Signature of the consumer(s))

Date:

(*) Delete where inapplicable