

Sample revocation form

If you want to revoke your aqua med/travelmedic contract, kindly complete this form and send it back to us via e-mail or mail.

Company's name and address:

Medical Helpline Worldwide GmbH
Otto-Lilienthal-Str. 18
28199 Bremen
Germany

Tel.: +49 421 240 110-0

Fax: +49 421 240 110-19

E-mail: info@medical-helpline.com

I hereby revoke the contract I concluded and the services included in the contract:

- | | | |
|--|---|---|
| ☐ aqua med dive card basic | ☐ aqua med dive card family | ☐ aqua med dive card professional |
| ☐ travelmedic single | ☐ travelmedic partner | ☐ travelmedic family |

Contract concluded on:

Customer number:

Consumer's name and address:

First name / last name:

Street address:

Country code, postcode & city:

Place, date

Signature client

(only for paper declarations)