

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:		
Oaqua med dive card basic	Oaqua med dive card family	Oaqua med dive card professional
Otravelmedic single	Otravelmedic partner	Otravelmedic 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

Bank: Apotheker- und Ärztebank
IBAN: DE69 3006 0601 0005 3501 15
BIC: DAAEDEDDXXX
Creditor identifier: DE94MHW0000008

Creditor identifier: DE84MHW00000088473 VAT IN: DE219056749

(only for paper declarations)

CEO: Sven Aumann Marco Röschmann (medical director) Commercial register: HRB 20515 Bremen direct court