



MODEL CANCELLATION FORM

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

Bupa Occupational Health Limited,
1 Angel Court,
London,
EC2R 7HJ
SmartDNA@bupa.com

I hereby give notice that I cancel my contract of sale of the Bupa SMART DNA test kit and services.

Ordered on */ Received on

Name of consumer(s),

Address of consumer(s),

Signature of consumer(s) (only if this form is notified on paper),

Date

*Delete as appropriate

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