PURCHASE CONTRACT WITHDRAWAL FORM ON SALUD Y RESPIRA

Oxigen salud, S.A.U. (A58573171)
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Mr./Mrs. _____
with address at _____
in _____, on ____ of _____ of 20____

By means of this letter, and in accordance with the provisions of the General Law for the Defense of Consumers and Users, I inform you of my decision to withdraw from the purchase contract for the following product or service:

Product name: _____
Order number: _____
Order date: _____
Name and surname of the person who placed the order: _____
ID/Passport: _____
Address: _____
Telephone: _____
Email: _____

Without further details, I look forward to hearing from you. Sincerely,

Signed:
(Only if the form is submitted in paper)

Information on exercising the right of withdrawal

You have the right to withdraw from this contract within 14 calendar days from the day of receipt of the order without giving any reason. To exercise the right of withdrawal, you must send us this form or a notification with your name, full address, telephone number and email address, and your decision to withdraw from the contract through an unequivocal statement.
The use of this form is not mandatory.
In case of withdrawal, we will refund all payments received, except for shipping costs. We will proceed to make this refund using the same payment method used for the initial transaction.

Basic information about data protection

Responsible for the treatment: Oxigen salud, S.A.U.
Purpose: registration of data as a client for the management of the contract withdrawal.
Rights: you can exercise your rights by sending an e-mail to dpo@oxigensalud.com.
For more information: https://www.oxigensalud.com/en/privacy-policy