

Standard form for cancellation/withdrawal

Only complete this form if you wish
to cancel/withdraw the agreement.

To

OOM Verzekeringen
PO Box 3036
2280 GA Rijswijk
The Netherlands
E info@oomverzekeringen.nl
F +31 (0)70 360 18 73

I/we (*) hereby cancel/withdraw(*) our agreement regarding the sale of the following
product/delivery of the following service (*)

.....
.....
.....

Ordered on (*) / Received on (*)

Name of policy holder

.....
.....
.....
.....

Policy number

Policy holder's signature (only if this form is submitted on paper)

.....
.....

Date

Send form



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