

WITHDRAWAL FORM:

GT-MEDICAL SL

C/ LUIS I 94, 2ª PLANTA, LOCAL 8 28031, MADRID

913806575

clientes@gt-medical.com

I hereby give notice that I withdraw from the contract of sale of the following product/service:

Order received/service:

Name of the person concerned:

Address of the person concerned:

Email:

Other means of contact:

Date and place
of the person concerned

Signature of

In accordance with the provisions of the current regulations on Personal Data Protection, we hereby inform you that the data obtained from this form will be incorporated into an automated file under the responsibility of ASOCIACION DE GERENTES DE CREDITO in order to satisfy your right of withdrawal under the provisions of Law 3/2014 of 27 March, amending the consolidated text of the General Law for the Defence of Consumers and Users and other complementary laws, approved by Royal Legislative Decree 1/2007 of 16 November.

In accordance with your rights under current data protection legislation, you may exercise your rights of access, rectification, limitation of processing, deletion, portability and objection to the processing of your personal data, as well as the consent given for the processing thereof, by sending a request to the postal address C/ LUIS I 94, 2ª PLANTA, LOCAL 8 28031, MADRID or to the email clientes@gt-medical.com.

Sending this form implies the formalisation of your right of withdrawal and, consequently, the extinction of the obligation to execute the contract concluded between the parties. Once your request has been processed, ASOCIACION DE GERENTES DE CREDITO will send you an acknowledgement of receipt via the communication channel indicated in the aforementioned form. We remind you that you should keep it as proof of having exercised your right of withdrawal.