

**Schedule 1
Model Cancellation Form**

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

To

Sleep Safe Systems Limited T/A Lumi Plugin

Lindenmuth House, 37 Lindenmuth Way,

Greenham Business Park

Newbury RG19 6HW

Call: +44 (0) 330 380 1329

Email: hello@lumi-plugin.com

I/We [*] hereby give notice that I/We [*] cancel my/our [*] contract of sale of the following product:

Ordered on _____

Received on _____ (if received),

Name of consumer(s) _____

Address of consumer(s) _____

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

Date:

[*] Delete as appropriate