

INSTRUCTIONS ON WITHDRAWAL FROM THE CONTRACT

Right of withdrawal.

You have the right to withdraw from this contract within 14 days without giving any reason.

The right to withdraw from the Agreement expires within 14 days from the date of receipt of the Service (as defined in the User Regulations of the Medicover Benefits Platform).

In order to exercise the right of withdrawal, you must inform Medicover Benefits Sp. z o.o. with its registered office in Warsaw, 00-807, Al. Jerozolimskie 96, registered in the District Court for the Capital City of Warsaw, XIII Division of the National Court Register. KRS: 0000391554, tel. no.: +48 22 290 34 90 e-mail address: info@medicoverbenefits.pl , of its decision to withdraw from this agreement by way of an unequivocal statement (for example, sent by post, fax or e-mail).

You may also fill in and submit a withdrawal form or any other unambiguous statement by electronic means on our website <https://platformabenefitowa.pl>. If you avail yourself of

If you do this, we will immediately send you an acknowledgement of receipt of the withdrawal on a durable medium (e.g. by e-mail).

In order to respect the withdrawal period, it is sufficient for you to send the information concerning the exercise of your right of withdrawal before the expiry of the withdrawal period.

Effects of withdrawal

If you withdraw from this agreement, we will reimburse you for all payments received from you, including the cost of delivering the goods (except for additional costs arising from your choice of delivery method other than the cheapest usual method offered by the Organiser), promptly and in any event no later than 14 days from the date on which we are informed of your decision to withdraw from this agreement. We will refund your payment using the same means of payment as you used for the original transaction, unless you have expressly agreed otherwise; in any event, you will not be charged any fees in connection with such refund.

MODEL WITHDRAWAL FORM

(this form must be completed and returned only in the event of withdrawal)

Medicover Benefits Sp. z o.o. with its registered office in Warsaw, 00-807, Al. Jerozolimskie 96,
registered in the Court of Justice

The Company's registered office is located in the District Court for the Capital City of Warsaw, XIII
Division of the National Court Register. KRS: 0000391554, tel. no.: +48 22 290 34 90, e-mail address:
info@medicoverbenefits.pl

I/We(*) hereby give notice of withdrawal from the contract of sale of the following service:

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(Benefit name e.g. Empik 50 zł)

Number/Code number/Code number/Code number:

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Date of purchase Benefits:

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Name and surname of the Client:

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Company name:

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Customer's e-mail address:

.....

Date and signature Client

(*) Delete as appropriate