

Right to Withdrawal

If you are a consumer based in the European Economic Area, this Policy describes how you may exercise your right to withdrawal in accordance with the EU's model instructions provided below. According to article 2.1 of the EU consumer rights directive, 'consumer' means any natural person who, in contracts covered by this Directive, is acting for purposes which are outside his trade, business, craft or profession.

Right of withdrawal

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

The withdrawal period will expire after 14 days from the day of the conclusion of the contract.

To exercise the right of withdrawal, you must inform us of your decision to withdraw from this contract by an unequivocal statement (e.g. a letter sent by post or e-mail). You can contact us by email at support@wellnessentially.com or by writing to us at **Romania, Dolj, Craiova, Aleea 1 Simnic, Nr. 1A**. You may use the attached model withdrawal form, but it is not obligatory.

To meet the withdrawal deadline, it is sufficient for you to send your communication concerning your exercise of the right of withdrawal before the withdrawal period has expired.

Effects of withdrawal

If you withdraw from this contract, we shall reimburse to you all payments received from you, including the costs of delivery (with the exception of the supplementary costs resulting from your choice of a type of delivery other than the least expensive type of standard delivery offered by us), without undue delay and in any event not later than 14 days from the day on which we are informed about your decision to withdraw from this contract. We will carry out such reimbursement using the same means of payment as you used for the initial transaction, unless you have expressly agreed otherwise; in any event, you will not incur any fees as a result of such reimbursement.

Model withdrawal form

– To **MENTAL HEALTH VENTURES S R L**

– I hereby give notice that I withdraw from my contract of sale for the provision of the following service, _____

— Ordered on, _____

— Name of consumer, _____

— Address of consumer, _____

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

– Date _____