



PORT OF KIEL

WITHDRAWAL FORM

**(If you want to withdraw from this contract,
please fill out this form and send it to us by e-mail.)**

- To: SEEHAFEN KIEL GmbH & Co. KG, Schwedenkai 1, 24103 Kiel
T 0431.98 22-399
portparking@portofkiel.com

Hereby I/we (*) withdraw from the concluded contract
about booking parking spaces, ordered on

_____ ID: _____

- Name and address of the consumer(s):

- Bank account (IBAN/BIC):

- Signature of the consumer(s)

- Date:

(*) Delete as applicable