# Supplement ./V 2

(to the agency contract)

# CANCELLATION FORM

(ATTENTION: the data of the placement agency must be filled in by the placement agency at the latest when the contract is concluded!)

To the placement agency: ………………………………………. Address: ……………………………………….

………………………………………. Fax number (if available): ……………………………………….

Email address: ……………………………………….

I hereby …………………………………………. (Name) revoke the agency agreement

……………………………. signed by me on (date) for the provision of the services therein described, selected and referred to in Point 4.

Name of the client: ………………………………………….

Name of the person who is to receive care

(insofar as this person is not identical with the client): ………………………………………….

Address of the client: ………………………………………….

………………………………………….

Place/date ……………

…………………………………………………….. (Signature of the client)