免费解决方案表

(如果您想取消合同，您只需填写并返回此表格.)

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我, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*全名*), 国家免疫基金会\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,身份证持有人号码\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,居住于\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_ - \_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_ （地址）我特此终止产品销售合同：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ （确定订购的产品*\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_并收到了\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_.*

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