

Information concerning the exercise of the right of withdrawal

Right of withdrawal

You have the right to withdraw from this contract (Pre-College-Program, PCP) within 14 days without giving any reason. The withdrawal period will expire after 14 days from the day of the after the effective date of the contract (effective conclusion of the contract), which is the day of the receiving of the participation fee on our account.

To exercise the right of withdrawal, you must inform us (Technikum Wien GmbH, FN 264937p, Höchstädtplatz 6, 1200 Wien, pcp-admin@technikum-wien.at) of your decision to withdraw from this contract by an unequivocal statement (e.g. a letter sent by post, fax or e-mail). 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

If you want to exercise the right to withdraw from the contract (Pre-College-Program, PCP or PCP Extended, PCP ex) please fill in the form and send it to:

Technikum Wien GmbH, FN 264937p,
Höchstädtplatz 6, 1200 Wien, pcp-admin@technikum-wien.at

I hereby give notice that I withdraw from our contract for the provision of the following service:

- Pre-College-Program, PCP or
- Pre College Program extended, PCP ex

Participation fee paid on dd/mm/yy

Name

Address

E-mail-address

..... Signature

..... Date