

WITHDRAWAL FORM

If you wish to exercise your right of withdrawal, please complete and return this form to the following postal address:

Company Gironde Commerce

Customer Service

61 Rue du Château d'Eau 33000 Bordeaux

France

Attention to Customer Service,

Hello,

I hereby inform you that I wish to exercise my right of withdrawal with respect to the following services:

Date of invoice* :

Bill number* :

Username used *:

Email address used *:

Last name First Name** :

Address** :

Date and signature :

*: Required data

**: Optional data