WITHDRAWAL FORM

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

Company Gironde Commerce
Customer Service
61 Rue du Château d'Eau 33000 Bordeaux
France

To Customer Service,

Hello,

I would like to exercise my right of withdrawal with respect to the following services:

Date of invoice* :

Invoice number*:

Username used *:

Email address used *:

Last name First Name**:
Address** :

Date and signature:

*: Required data
**: Optional data