

## WITHDRAWAL FORM

*If you wish to exercise your right of withdrawal, please complete and return this form to the following email address : customer@cloverskypay.com*

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