

WITHDRAWAL FORM

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

Company Boutique France Commerce
Customer Service
5 Rue du Général Bertrand 75007 Paris
France

Attention to Customer Service,

??????,

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