

WITHDRAWAL FORM

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

Company Robert Milles LLC
Customer Service
Trolley Square, Suite 20 C
Wilmington
County of New Castle, Delaware, Zip Code 19806

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