

## WITHDRAWAL FORM

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

**Company Lunettes Beausoleil**  
Customer Service  
33 Boulevard du Général Leclerc 06240 Beausoleil  
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