

## 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