WITHDRAWAL FORM

If you wish to exercise your right of withdrawal, please complete and return this form to the following postal address:
Company EVORDE Customer Service Boulevard des Philosophes 23, c/o Fiduciaire Favre Genève SA, 1205 Genève Suisse
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**:

Date and signature :

Address**:

^{*:} Required data **: Optional data