

MODEL WITHDRAWAL FORM

(this form must be completed and returned only in the event of withdrawal)

- Addressee: Autopay Mobility Sp. z o.o. Powstańców Warszawy 6 Street, 81-718 Sopot,
e-mail: kontakt@autopay.pl

- I / We (*) hereby inform (*) about my / our withdrawal from the contract for the sale of the following items (*) the contract for the delivery of the following items (*) the contract for a specific work involving the performance of the following work (*) / for the provision of the service (*)

- Date of conclusion of the contract^(*)/collection^(*)

- Name of the consumer(s)

- Address of consumer(s)

- Signature of consumer(s) (only if the form is sent on paper)

- Date

(*) Delete as appropriate.

- Signature of consumer(s) (only if the form is sent on paper)

- Date

(*) Delete as appropriate.