

Due to the current context and for a faster processing of your request, we recommend that you send this form by email rather than by post.

WITHDRAWAL FORM

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

Company Kroupon

Customer Service

Immeuble Thiers – 4, Rue Piroux

54000 NANCY – France

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