

WITHDRAWAL FORM - FROM CONTRACT OF SALE

Complete and return this form only if you wish to withdraw from the contract.

For the attention of:

Ets Simond

ZA Les Trabets

74310 Les Houches

Fax: +33 (0)4 50 54 52 81

Email: info@simond.fr

I/We (*) hereby give notice that I/we (*) withdraw from my/our (*) contract of sale of the following goods:

Ordered on/received on (*):

Name and address of consumer(s):

Signature of consumer(s) (only if this form is notified in writing):

Date:

(*) Delete as appropriate.