

Form for Rescinding the Framework Agreement on Cooperation

RESCISSION FROM THE AGREEMENT

(Please complete and send this form only if you wish to rescind the Agreement)

To:

**iService, a. s.
Laurinská 3
811 01 Bratislava
Slovakia****Re: Rescission from the Framework Agreement on Cooperation (hereinafter the “Agreement”)**

Identification of the Investor – consumer:	Name and surname:
	Permanent residence address:

	Phone:
	Email:
Identification of the Agreement:	date of the Agreement:

I hereby inform you that I rescind the aforementioned Framework Agreement on Cooperation.

In.....on.....

.....
Investor's signature - consumer