

WITHDRAWAL FORM

1. ABOUT YOU

- 1.1. Your Full Name:
- 1.2. Your Address:
- 1.3. Your Email (optional):

2. SERVICE YOU ARE WITHDRAWING FROM

- 2.1. Service Name:
- 2.2. Date of conclusion of the contract:
- 2.3. Service / Contract Number (if you have one):

3. YOUR DECLARATION OF WITHDRAWAL

I hereby declare that I am withdrawing from the contract for the service listed above.

4. WHERE TO SEND THIS FORM

To the address:

Małgorzata Magierska
Kancelaria Radcy Prawnego Lexmotion
ul. Marszałka Józefa Piłsudskiego 40/6
31-111 Kraków

or

by email:

welcome@lexmotion.eu

5. DATE:

6. YOUR SIGNATURE (if sending a paper copy):

[Important Note]

You have the right to withdraw from our service within 14 days from the day you entered into the contract, without giving any reason. However, if we've already fully completed the service within that 14-day withdrawal period, your right to withdraw might no longer apply.