

Model withdrawal form



(complete and return this form only if you wish to withdraw from the contract)

To: GoMo - Care of GoMo Administrator

Address: 87 Kennedy Avenue, 1077, Nicosia

Fax No: 96969375

Email: admin@gomo.cy

— I/We (*) hereby give notice that I/We (*) withdraw from my/our (*) Contract for the provision of the following service

— Ordered on..... (*)/received on (*),

— Name of consumer(s):

— Address of consumer(s):

— Signature of consumer(s) (only if this form is notified on paper):

— Date:

(*) Delete as appropriate

Please tick the box ("X") below, if applicable (in case you will send a letter, please use the following wording, if applicable):

I / We have filled in and submitted a portability form to another provider, which must be processed, before you terminate the contract.