

Withdrawal Form

This form must be filled in and sent back to Chargemap, otherwise it will not take effect:

Chargemap
CHARGEMAP
7 allée Cérès
67200 STRASBOURG
France
or
support@chargemap.com

I, the undersigned:

Name:

First name:

Postal address:

Email address:

Telephone number:

Badge number:

hereby declare that I cancel my subscription to the Payment Service using the Chargemap Badge.

Date:

Signature: