

C.I.P.L. DI SCALVINI SNC
VIA BRESCIA 13
25035 OSPITALETTO (BS)

Place and date _____

Subject: exercising the right of withdrawal.

I, the undersigned / a resident _____

Via _____, I intend to avail under the Legislative D. Lgs.. 206/2005 of the
right of

withdrawal on the purchase order number _____ I conducted and
forwarded to C.I.P.L. di Scalvini snc on _____ and processed by the same means

Delivery to the following address:

which took place on _____

The following list items for which I intend to exercise the right of withdrawal:

Invoice Number Invoice Date _____

- Item Code _____ No. _____

- Item Code _____ No. _____

Sincerely,

_____ (Full signature of the declarant)