

ORDER CANCELLATION FORM

To the attention of VTEST

115 rue Cardinet, 75831 Paris, France

Tel : +33 (0)178 425 124

Email : global@vtest.com

I hereby notify VTEST of my intention to exercise my right of withdrawal concerning the purchase of the following Services:

Please identify here the Benefits concerned:

Exam/other services:

Ordered on:

Buyer Name:

Buyer's address:

Buyer's email:

Buyer's phone number:

Applicant Name:

Secure code received:

Date:

Signature of the buyer

You will be reimbursed by bank transfer upon receipt of proof of bank account (RIB) and within 14 calendar days from the moment you inform VTEST of your intention to return the Service concerned.

A bank account statement must be attached