Form for Withdrawal of Service, or Return of Goods

| Please complete and return this form only if you wish to dissolve/revoke the agreeme | ent. |
|--|----------|
| Date | |
| | |
| 7th Floor, Mandela Rhodes Place, Wale Street, City Center, Cape Town 8001 | |
| (*) Delete where not applicable. | |
| I / We (*) hereby give notice that I / We (*) withdraw from my / our (*) contract of sal following goods / the provision (*) of the following service: | e of the |
| | |
| Ordered on (*)/Received on (*) | |
| Name | |
| Address | |
| Signature (if this form is submitted on paper) | |
| | |