

### Withdrawal Form

I,  
(First Name)

\_\_\_\_\_  
(Surname)

\_\_\_\_\_  
(Birthdate)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
hereby declare my wish to withdraw from the contractual relations entered into with the COINMATE a.s.  
on

(Date)

\_\_\_\_\_  
Place, Date:

\_\_\_\_\_  
Signature:

\_\_\_\_\_