

WITHDRAWAL FORM

To whom it may concern : **Company Name: COLEGIO DE ESPAÑA Y AMBOS MUNDOS S.L. Address:** Calle Compañía nº 65, CP: 37002, Salamanca. Spain **Phone:** 923 214 788 / 923 21 31 58 **Email:** info@colegioespana.com

I hereby inform you that I am withdrawing from my contract providing the services indicated below:

PRODUCTS AND/OR SERVICES

Course name:	
Course date:	Date of the Contract:
Other services:	

INFORMATION OF THE CLIENT

Name and S	Surname:			
Pasaport or	· ID:			
Address:				
Phone:			Email:	
In		on	of	of
	Signature:			