

WITHDRAWAL DECLARATION TEMPLATE CONSUMER - INDIVIDUAL

TO:

The company with the name Trisor Hellas S.A.

Omiron 43, 10672, Athens

Tax Registration Number: 802193177

Email: support@trisor.gr

I, the undersigned, (First Name) (Last Name) of (Father's Name), residing at (Street/Number) (Postal Code) (City)....., with phone number, email address, and ID/Passport number hereby declare that I unconditionally withdraw from the Preliminary Safe Deposit Box Lease Agreement with No. entered by and between us on/...../..... for the rental of a Safe Deposit Box at the Trisor Hellas S.A. store located at

Date .../.... /.....

I, the undersigned, hereby declare my withdrawal.

I also solemnly declare that I am aware of and accept the following:

1. The deadline for exercising the right of withdrawal is set at fourteen (14) calendar days from the date on which I accepted the terms and conditions of the Preliminary Safe Deposit Box Lease Agreement, which are available on the official website of Trisor Hellas S.A. www.trisor.gr.
2. I have no claim for a refund of one-off fees.
3. In order to exercise the right of withdrawal, I must inform Trisor Hellas S.A. by timely sending the enclosed form by mail to the Trisor headquarters (Omiron 43, 10672, Athens - Kolonaki) or electronically at support@trisor.gr.