

**FORM FOR WITHDRAWAL  
WITHIN THE FIRST 14 DAYS**

Complete and return this form by registered mail with delivery confirmation or by certified email (PEC) to [recessi@aruba.pec.it](mailto:recessi@aruba.pec.it), only if you want to withdraw from the contract. Notice of withdrawal can also be sent by submitting a request on the website [assistenzaclienti.aruba.it](http://assistenzaclienti.aruba.it).

If any of the requested details are missing, the request may not be approved.

**Recipient:**  
**Aruba S.p.A.**  
via San Clemente 53  
24036 Ponte San Pietro (BG)

The undersigned \_\_\_\_\_

Tax code \_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_@\_\_\_\_\_

**MUST** be completed if the account holder is a legal entity / self-employed person / sole proprietorship

In their capacity as:

Legal representative of \_\_\_\_\_  
with VAT number/tax ID code \_\_\_\_\_

Receiver, liquidator, court-appointed administrator or other (please specify) for:  
\_\_\_\_\_  
with VAT number/tax ID code \_\_\_\_\_

Self-employed person  
with VAT number \_\_\_\_\_

Sole proprietorship \_\_\_\_\_  
with VAT number \_\_\_\_\_

**Withdraws, with immediate effect,** from the contract for the following services \_\_\_\_\_

Order number: \_\_\_\_\_ placed on\* \_\_\_\_\_ received on\* \_\_\_\_\_  
*(\*select only one field between order or receipt date available)*

**Additional information** (complete fields only for the services you want to terminate):

**SPID service**

User \_\_\_\_\_

**PEC service**

PEC Certified Email mailbox to be terminated:

\_\_\_\_\_@\_\_\_\_\_

**Certification services**

Digital Signature certificate no. \_\_\_\_\_ authentication certificate no. \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_ Consumer's signature (stamp) \_\_\_\_\_  
*(only if a hard copy of this form is sent)*

I ask for the amount owed to me be refunded using the following method:

the same payment method used for the payment previously made (for payments made by **credit card** or **PayPal**);

refund by **Bank transfer** to the account in the name of \_\_\_\_\_

IBAN \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_ Consumer's signature (stamp) \_\_\_\_\_  
*(only if a hard copy of this form is sent)*

**Attached:**

- copy of both sides of the applicant's ID document.

**If the applicant is the receiver/liquidator/insolvency administrator/other**

- deed of appointment;
- company registration certificate of the legal holder of the service (issued within the last 6 months).

Aruba reserves the right to request further documentation.