

CANCELLATION FORM (AFTER THE FIRST 14 DAYS)

(If you wish to cancel the contract, please complete this form and send it by post to the address below, or inform us by opening a support ticket at support.aruba.it)

Aruba Spa

**Via San Clemente, 53
24036 Ponte San Pietro (BG)
ITALY**

I, _____
Born on ____ / ____ / ____ In _____ Prov. (____)
Residing in _____ Prov. (____)
Street _____ No. _____
Country _____

GIVE NOTICE

- that I would like to withdraw from the contract before the expiry date. The withdrawal will come into effect within 30 (thirty) days

Date _____ Signature of the consumer(s) _____

Declaration of Consent for Processing Personal Data

I have read the Privacy Policy provided by Aruba S.p.a. pursuant to Art. 13 of Regulation (EU) no. 2016/679 ("GDPR") and available at www.aruba.it, and consent to the processing of my personal data for the stated purposes.

Signature of the consumer(s) _____

In the event that I have requested the withdrawal referred to above, I confirm that I am aware of Aruba's right to withhold the amounts accrued by way of payment for the service used until the date on which the withdrawal becomes effective, as well as any deactivation costs incurred by Aruba and, should any sum be owed to me, I request that the sum due to me be reimbursed by the following method:

- The same payment methods as 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 _____

I have attached a legible copy of a valid ID document