

## Rescission form

– subject to Art. 49, Par. 1, Legislative Decree of 6 September 2005, No. 206 subsequently amended and integrated.

Recipient:

De Agostini Scuola S.p.A.  
Attention: Distribution Office  
Via Inverigo 2, 20151 Milano, Italy  
fax: +39 02 38086448  
email: info@deascuola.it

**I/we (\*), hereby advise the rescission of my/our purchase order relative to: (\*)**

Order number \_\_\_\_\_

Product(s) \_\_\_\_\_

Ordered on (\*)/received on (\*) \_\_\_\_\_

Name of consumer(s) and customer code \_\_\_\_\_

Address of consumer(s) \_\_\_\_\_

Date

Signature(s) of consumer(s)

(\*) Delete as appropriate.