Date:	
Name and Surname:	
Correspondence Address:	
	PASSPORTA Sp. z o.o.
	ul. Jana III Sobieskiego 2
	40-082 Katowice, Poland
STATEMENT OF WITHDRAWAL FROM THE AGREEMENT	
I hereby declare my withdrawal from the Agreement concluded on	, regarding the
provision of Visa Services with PASSPORTA Sp. z o.o.	
Signature (if the form is submitted in paper form):	