

**PARTIAL “MONEY-BACK OFFER” FORM
FOR THE CHOICE PROGRAM SUBSCRIPTION**

Please read carefully the general terms and conditions of the partial “money-back” offer for the choice program subscription available on the site www.mybubelly.com and tick the box before completing this form.

« I have read, and I accept the general terms and conditions of the partial “money-back” offer for the choice program subscription ».

Please fill and return the present form only if you wish to be reimbursed partially of the choice method

The present form can be returned:

- by post to the following address:

MYBUBELLY

45, rue de Monceau

75008 Paris

France

- by email to the following address: remboursement@mybubelly.com

I hereby notify my request for partial reimbursement relating to a third (1/3) of my subscription to the choice method:

Order number:

Subscription reference:

Date of subscription:

Duration of subscription:

Name of the subscriber:

Subscriber number:

Address of the subscriber:

.....
.....

Number of the boxes:

Box n°1:

Box n°2:

Box n°3:

Box n°4:

I send the following elements, which determine the eligibility of my reimbursement request:

- certified copy of the Birth Certificate of the child.

Subscriber's signature (only if the notification of the present form is made on paper):

Date: .../...../.....