**Annex No. 1 - CANCELLATION Form**

**Addressee:** Kunsthalle Praha, endowment fund, registered office Evropská 2758/11 Prague 6 - Dejvice 160 00, ID No.: 04535871

**I hereby declare that I wish to cancel the Contract (**Czech: “odstupuji od smlouvy“**):**

|  |  |
| --- | --- |
| Date of Contract: |  |
| Name and surname: |  |
| Address: |  |
| E-mail address: |  |
| Specification of the Membership to which the Contract relates: |  |
| Reason for cancellation (optional): |  |
| Refunding method for any payments made, including, where applicable, the bank account number: |  |

Date:

Signature: