



FORMACIÓN

WITHDRAWAL FORM

FOR THE ATTENTION OF

BUREAU VERITAS FORMACIÓN S.A. Unipersonal
CIF: A-74156910
C/ VALPORTILLO PRIMERA, Nº 22-24
28108 – ALCOBENDAS (Madrid)

STUDENT INFORMATION

Name/ Company Name: Surname 1: Surname 2: Landline phone: Mobile phone: E-mail address:

ID No./ Tax ID No. / Residence Permit or Passport /Foreigners' ID No. (NIE)

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Nationality

 Spanish

Sex

 Male Other Indicate Country FemaleSt. / Av. / Square, No., floor, door: City: Province: Postal Code: Country: Date of birth:

CONTRACTED SERVICE

Name the program: Signature date of contract: Training method: Academic Year:

SIGNATURE

I hereby give notice that I withdraw from my service contract indicated above in _____ on XX, XX, 20XX.

STUDENT SIGNATURE AND AUTHORIZATION

(If the training was contracted by a company, this document must include the signature of the person in charge and the company seal)