

WITHDRAWAL FORM

Please complete and return this form only if you wish to withdraw from the contract.

To:
ModusLink B.V. Wapenrustlaan 11-31 Apeldoorn Netherlands

I/We (*) hereby give notice that I/We (*) withdraw from my/our (*) contract of sale of the following products:

PN	Description	Qty

Ordered on (*)/received on (*):	Order number (if available):

Your name:	Your address:

Date:	Your signature <i>(only if this form is notified on paper):</i>

(*) Delete as appropriate.