

ANNEX 2:

MEMBERSHIP TERMINATION AND CREDIT TRANSFER FORM

(please fill in and submit this form if you wish to cancel your X-CARD membership and transfer the credit replenished on your X-CARD to another existing Program Member)

To: **X-BIONIC® SPHERE a.s.**, with its registered office at Dubová 33/A, 931 01 Šamorín,
Company ID: 46 640 134, registered in the Commercial Register of District Court
Trnava, Section: Sa, file No. 10684/T

I hereby request the cancellation of my X-CARD membership and the transfer of the X-CARD credit to another existing Program Member:

.....
Name and surname of the Program Member*

.....
Address of Program Member*

.....
Program Member Customer Number*

.....
E-mail address of the Program Member stated in the Account*

.....
X-CARD credit*

.....
Signature of the Program Member * (only if this form is submitted in paper form)

Date.....

CONSENT OF A PROGRAM MEMBER WITH THE CREDIT TRANSFER

.....
Name and surname of the Program Member to whom the credit is to be transferred*

.....
Address of the Program Member to whom the credit is to be transferred*

.....
Customer number of the Program Member to whom the credit is to be transferred*

.....
E-mail address of the Program Member to whom the credit is to be transferred*

.....
Signature of the Program Member * (only if this form is submitted in paper form)

***MANDATORY INFORMATION**