

## Fax form

### Mastercard cancellations

| Paper cancellations   |   |
|---|---|
| To: Nexi Germany GmbH   | Company:  |
| Fax: +49 69 7933-2900   | Fax:  |
| Number of pages:  | Tel.:   |
| Online transactions: <input type="checkbox"/> yes <input type="checkbox"/> no | Personal contact:   |
| Mastercard submission dated: (DD.MM.YYYY)                                     | Transaction currency<br>(please cross out EUR and replace it with another currency if applicable) |
| Contract partner number: 15   | EUR or  |
| Collector number:   |   |

| Cancellations / Details of original transaction or reservation |                                      |                                       |                                       |        |                      |
|--|--------------------------------------|---------------------------------------|---------------------------------------|--------|----------------------|
| No.  | Card number<br>Minimum last 4 digits | Date of Reservation or<br>transaction | Time of Reservation or<br>transaction | Amount | Authorisation number |
| 1  |                                      | / /                                   | /                                     |        |                      |
| 2  |                                      | / /                                   | /                                     |        |                      |
| 3  |                                      | / /                                   | /                                     |        |                      |
| 4  |                                      | / /                                   | /                                     |        |                      |
| 5  |                                      | / /                                   | /                                     |        |                      |
| 6  |                                      | / /                                   | /                                     |        |                      |
| 7  |                                      | / /                                   | /                                     |        |                      |
| 8  |                                      | / /                                   | /                                     |        |                      |
| 9  |                                      | / /                                   | /                                     |        |                      |
| 10   |                                      | / /                                   | /                                     |        |                      |
| 11   |                                      | / /                                   | /                                     |        |                      |
| 12   |                                      | / /                                   | /                                     |        |                      |
| 13   |                                      | / /                                   | /                                     |        |                      |
| 14   |                                      | / /                                   | /                                     |        |                      |
| 15   |                                      | / /                                   | /                                     |        |                      |
| 16   |                                      | / /                                   | /                                     |        |                      |
| 17   |                                      | / /                                   | /                                     |        |                      |
| 18   |                                      | / /                                   | /                                     |        |                      |
| 19   |                                      | / /                                   | /                                     |        |                      |
| 20   |                                      | / /                                   | /                                     |        |                      |
| Total amount:  |                                      |                                       |                                       |        |                      |

Please cancel the transactions

| Notes  |
|--|
| Place, date  |
| Full name of signatory   |
| If available, company stamp and legally binding signature of the contractual partner or authorised signatory |