CANCELLATION FORM

Please complete and return this form if you wish to cancel any of Spotify's paid subscriptions. Please send the form to

Spotify AB
Birger Jarlsgatan 61
113 56 Stockholm
Sweden
or
breakup@spotify.com

I hereby give notice that I withdraw from my contract for the provision of my Spotify paid subscription.

Ordered on:

Your name:

Your address:

Your Spotify account email address:

Date:

Your signature: