



OPT OUT DECLARATION

(PLEASE RETURN BY POST USING ENCLOSED ENVELOPE OR BY FAX TO 045-530016)

Name: _____

Store: _____

Address: _____

Contact: _____

I wish to advise the CSNA that I am choosing to **OPT OUT** of the scheme currently on offer for test purchases on age-restricted products.

Signed

Date

OFFICE USE ONLY

Date Received:

Checked by: