

Contract Cancellation Form

We are sorry that you wish to cancel your product warranty /service contract with us. Please use this form to exercise your right to cancel and return it to your local service branch by email or post.

Contract holder details

Name:	
Address:	
Town/City:	
Postcode:	
Phone number:	
Email:	
Contract reference:	

Representative of contract holder (if applicable)

Name:	
Address:	
Town/City:	
Postcode:	
Phone number:	
Email:	

Reason for cancellation

☐ Can't afford it
 ☐ No longer needed
 ☐ Contract holder has died
 ☐ House move
☐ Other (please specify)

Please note if you are signing this form on behalf of the contract holder, if applicable, please supply a copy of the Lasting Power of Attorney (LPA) or death certificate. Please send copies of this documentation with this form to your local service branch.

Signature:	Print Name:
	Date:

We will send you an acknowledgement receipt to confirm we have successfully received your cancellation form submission.

For Office Use Only

Form reviewed by:	Date:
LPA copy seen: Yes No Not required	Death certificate seen: Yes No Not required