

INSURANCE CANCELLATION FORM

Consumer
Insurance
Services
Limited

Please complete where applicable and
return within 7 days. Please print.

To: **Consumer Insurance Services Limited**
Private Bag 94013
Manukau 2241

Fax: **09-525 4771**

From: _____
Pages: _____
Date: _____

Merchant / Store Name: _____
Merchant / Store Number: _____
Merchant / Store Phone: () _____
Merchant / Store Fax: () _____

Customer Name: _____

(print name)

Finance Plan / Contract No: _____

I/we wish to cancel ALL Insurance Cover under the above Plan/ Contract.

Customer's Signature _____

Date _____