

Contract Cancellation Form

Complete and return this form only if you wish to cancel your contract, please return it by post or email to:

Simple Claims Assistance Ltd
23 Mount Park Crescent
London
W5 2RN.

Email as an attachment to: info@simpleclaimsassistance.co.uk

Cancellation Notice

- **To:** Simple Claims Assistance Ltd, 23 Mount Park Crescent, London, W5 2RN.
info@simpleclaimsassistance.co.uk

I/we* give notice to cancel my/our* contract for the supply of the following service (*Delete as appropriate):

*Assisting me in seeking compensation arising from poor advice or care by a
Financial Conduct Authority-regulated firm/ individual.*

Date of Contract: _____

Name: _____

Address: _____

Postcode: _____

Signature: _____

Date: _____

T 0203 950 7423 E info@simpleclaimsassistance.co.uk
www.simpleclaimsassistance.co.uk