

# CANCELLATION OF INSURANCE

**FOR ATTENTION:** Underwriting Department

This serves to confirm the cancellation of the below mentioned policy with effect from:

	/		/	20
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INSURED:

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INSURER / BROKER :

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POLICY NUMBER:

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NO FURTHER DEBIT ORDERS ARE TO BE COLLECTED.

We thank you for your assistance in the past.

Yours sincerely

\_\_\_\_\_  
INSURED SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME