



# Bank-Smart Cancellation Form

Note: Cancellation outside the 14 day cooling off period will incur a cancellation fee  
Please complete in BLOCK CAPITALS in black ink.

## PART 1 – PERSONAL DETAILS

Client ID/Reference	BC01 /
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<u>First Account Holder</u>	<u>Second Account Holder (if any)</u>
First & middle name:	First & middle name:
Surname:	Surname:
Date of birth:	Date of birth:
Previous names:	Previous names:
Contact Email(s):	Contact Email(s):
Contact Number(s):	Contact Number(s):
<u>First Account Holder <i>current</i> full postal address</u>	<u>Second Account Holder <i>current</i> full postal address</u>
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
Town, County:	Town, County:
Postcode:	Postcode:

## PART 2 – CANCELLATION DETAILS

Please specify the service to be cancelled

All claims:	Y / N	Only claim ref(s):	
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Reasons for cancellation (please continue on an additional sheet if required):

Claimant 1:	Claimant 2 ( <i>joint claims/accounts</i> ):
Print <b>X</b> _____	Print <b>X</b> _____
Sign <b>X</b> _____	Sign <b>X</b> _____
Date: <b>X</b> _____	Date: <b>X</b> _____

