

MODEL CANCELLATION FORM

TO: Go Claim Ltd

Suite 5 & 6 Crown House

Gorseinon Road

Swansea

SA4 9DX

I/We hereby give notice that I/We cancel my/our contract for the provision of claims handling services in connection with PPI Mis-selling.

NAME(S): _____ **&** _____

ADDRESS: _____

SIGNATURE(S): _____ **&** _____

DATE: