

Cancellation Form

This form allows you to cancel any active claim(s) with Consumer Savings Network. Please provide as much information as possible, so that we may action the request correctly.

Customer Information

Your full name (including title):

Your date of birth:

Address Information

Your current address:

Postcode:

Cancellation Details

Consumer Savings Network Reference Number (if known)

Please note that should Consumer Savings Network be informed of a full settlement awarded prior to receipt of your cancellation notice, you will be liable for a full invoice based on your settlement amount.

I hereby give notice that I wish to cancel my claim(s) with Consumer Savings Network in relation to (tick applicable):

All my active claims (you will incur a charge per claim) (Tick if Applicable)

OR Just only the claim against :

Reasons for cancellation:

Please sign and date in the boxes below:

Account holder's signature

Date