

## **Model Revocation Form**

(If you wish to revoke the contract, please fill in this form and send it back to us.)

To: simplesurance, The Carriage House, Mill Street, Maidstone, ME15 6YE, England

Tel.: 0800 - 724 88 95 (free of charge | Mon. - Fri. 09:00 - 19:00), E-Mail:

[support@simplesurance.co.uk](mailto:support@simplesurance.co.uk)

I/We (\*) hereby give notice that I/We (\*) withdraw from my/our (\*) insurance contract for

\_\_\_\_\_.

Name of consumer(s): \_\_\_\_\_

Address of consumer(s):

\_\_\_\_\_

Signature of consumer(s) (only if this form is notified on paper): \_\_\_\_\_

Date: \_\_\_\_\_

(\*) Delete as appropriate.