Advanced Care Planning
NAVIGATION SERVICE

# Model cancellation form

Complete and return this form only if you wish to cancel your contract. You do not have to use this form: any clear statement that you wish to cancel is enough.

**To:** Advanced Care Planning Navigation Service, acpnavigationservice@gmail.com

I/We [*] hereby give notice that I/We [*] cancel my/our [*] contract for the supply of the following service:

| | |
|---|---|
| **Service ordered** | |
| **Ordered on [*] / received on [*]** | |
| **Name of consumer(s)** | |
| **Address of consumer(s)** | |
| **Signature of consumer(s) (only if this form is notified on paper)** | |
| **Date** | |

[*] Delete as appropriate. See our Cancellation and Refund Policy at advancedcareplanningnavigationservice.org/policies/cancellation-and-refund