

## CANCELLATION REQUEST FORM

CONTRACT NUMBER	CUSTOMER NAME	DAYTIME TELEPHONE NUMBER
DEALERSHIP NAME	NAME OF DEALERSHIP REPRESENTATIVE	PHONE NUMBER / FAX NUMBER
VEHICLE IDENTIFICATION NUMBER	CANCELLATION DATE	CURRENT ODOMETER READING (KMS)

## REASON FOR CANCELLATION

Cancel within 30 days of purchase     
  Sold Vehicle     
  Other \_\_\_\_\_

Purchased new contract\*     
 Provide new contract # \_\_\_\_\_

If vehicle was financed or leased, is the loan paid out?    No     Yes  (Please include proof of payout)\*\*

If there is no lienholder holder the refund will be forwarded to the contract holder.

Name and address of lienholder (if applicable):

\_\_\_\_\_

Signature of both the contract holder and dealer representative are required.

\_\_\_\_\_  
Signature of contract holder

\_\_\_\_\_  
Signature of the dealer representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*IF A NEW CONTRACT IS PURCHASED THE CANCEL FEE WILL BE WAIVED.

\*\*IF NO PROOF IS ATTACHED, THE REFUND CHEQUE WILL BE MADE PAYABLE THE LIENHOLDER.

PLEASE RETURN THE COMPLETED FORM TO LGM BY MAIL, FAX, OR EMAIL:

SECUREDRIVE  
 #142 - 757 West Hastings Street  
 Vancouver, BC V6C 1A1

Fax: 1-866-287-6201  
 Email: [service@lgm.ca](mailto:service@lgm.ca)

FOR FURTHER INFORMATION PLEASE CALL 1-866-287-6200