

## NOTICE OF CANCELLATION

**Date:**

**Policyholder's Name:**

**Address:**

**Policy Number/Client Reference:**

**Pet's Name:**

**Reason for Cancellation:**

### Notice of Cancellation

Please ensure all sections are filled out and this form is posted or emailed back to us to ensure cancellation can be processed. Please also allow between 7-10 days for the cancellation requests to be processed.

**Signature:**

### Send to:

Petplan Pet Insurance  
PO Box 112250  
Penrose  
Auckland 1642

or

Email: [info@petplan.co.nz](mailto:info@petplan.co.nz)