

CREDIT CHECK PLUS CANCELLATION FORM

(Complete and return this form only if you wish to cancel your Credit Check Plus membership)

To Credit Check Plus, PO Box 4009, Swindon, SN2 9HU

I hereby give notice that I would like to cancel my Credit Check Plus membership,

Name (must match the details we hold about you)

Address (must match the details we hold about you)

Credit Check Plus Membership Number (you can find this on all email correspondence from us)

Signature

Date