

## Registered mail

Name of the insurance company

Street

Nr.

ZIP Code

Town

## Sender

First Name

Last Name

Street

Nr.

ZIP Code

Town

## Cancellation of my insurance

To whom it may concern,

I hereby cancel my insurance with your company for:

- Household contents insurance
- Private liability insurance

Policy number

\*Number of the current policy as stated in the insurance contract

With effect from:

Cancellation date

\*Please indicate the earliest possible date based on the period of notice of your existing insurance con-

Cancellation reason: Change to another insurer

Please send me a cancellation confirmation.

Kind regards

Signature

Town, Date