

Model revocation form

(If you wish to revoke the contract, please fill in this form and send it back to us.)

To simplesurance GmbH, Hallesches Ufer 60, 10963 Berlin, Germany
Tel.: 0800 - 724 88 95 (free of charge | Mon. - Fri. 09:00 - 19:00), Fax: +49 30 - 688 316
499, E-Mail: support@simplesurance.co.uk

I/We (*) hereby give notice that I/We (*) withdraw from my/our (*) insurance contract for

_____.

Name of consumer(s): _____

Address of consumer(s):

Signature of consumer(s) (only if this form is notified on paper): _____

Date: _____

(*) Delete as appropriate.