Cancellation template for 1Cover	Sender:
1cover	
11B/17 Albert St	Insurance policy number
1010 Auckland	
Cancellation	
Dear sir or madam,	
I hereby wish to cancel my subscription with immediate effect or	r at the earliest possible date.
Please send me a written confirmation of cancellation stating the should be grateful if you would refrain from contacting me for the	
Kind regards,	
Signature Pla	ace and date