Cancellation template for K Health	Sender:
K Health, Inc.	
298 5th Avenue	
7th Floor	E-mail address
NY 10001 New York	
Cancellation	
Dear sir or madam,	
I hereby wish to cancel my subscription with immediate effect	or at the earliest possible date.
Please send me a written confirmation of cancellation stating should be grateful if you would refrain from contacting me for	
Kind regards,	
Signature	Place and date