

**Notice of the Right To Cancel the Appointment**

Date

...../...../20.....

You have a right to cancel the Appointment if you so wish. This right can be exercised by delivering, sending (including by electronic mail) a cancellation notice to the person mentioned in the next paragraph at any time in accordance with terms and conditions of the Appointment. Two weeks' notice of cancellation is required unless you are exercising your right to "cool off" in accordance with the terms of the Appointment. Our preference is that you complete and return the form of cancellation notice set out below.

Your cancellation notice should be sent to:

Personal Touch Debt Solutions Limited  
Trinity 3  
Trinity Park  
Solihull  
Birmingham  
B37 7ES

Alternatively email: [info@personaltouchdebt solutions.co.uk](mailto:info@personaltouchdebt solutions.co.uk) Or fax: 0121 767 1085

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(Complete, detach and return this form ONLY IF YOU WISH TO CANCEL THE CONTRACT)

To: Personal Touch Debt Solutions Limited, Trinity 3, Trinity Park, Solihull, Birmingham  
B37 7ES

I/We hereby give notice that I/we wish to cancel my/our contract for advice and assistance in connection with a debt management plan.

Signed.....(Applicant one)

Signed.....(Applicant two)

Name and address.....

.....Postcode .....

Date.....