



CANCELLATION FORM FOR CONSUMER CONTRACTS

TO:

(Please select entity from drop down list)

I/we hereby give notice that I/we cancel my/our contract of sale of the following goods/for the supply of the following service:

Ordered on received on:

Name of consumer:

Address:

Town/City:

Post code/Zip code:

Country:

Signature(s) of Consumers:

(Please enter full name if completing this form on-line)

If you click "submit" this form will be emailed to risklegalteam@hfw.com. If you want to print and post this to us, please send to:.

HFW

Risk, Compliance & Conflicts
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