

Address cardholder

Address Issuer

Cancellation of credit card

Dear Sir or Madam

I hereby cancel my credit card(s), taking account of the agreed notice period.

immediately (annual charge cannot be refunded)

when next annual charge falls due

Reason:

Details of the credit card

Card account*:

* Please enter the card account number (see credit card invoice).

Main card

Card holder

Date of birth

Card number*

* Please enter the last 4 digits of the card number.

Card has been destroyed

Additional card (second card / partner card)

Card holder

Card holder

Date of birth

Date of birth

Card number*

Card number*

* Please enter the last 4 digits of the card number.

* Please enter the last 4 digits of the card number.

Card has been destroyed

Card has been destroyed

Comments

Thank you for your cooperation.

Yours sincerely

Main cardholder (or legal representative) signature

Signature of any potential partner cardholder





L

L

L

L