

Integrated Warranty Systems Inc.

Cancellation / Transfer Request Form

Transfer Request (The transfer fee of \$50.00 plus GST/HST must be included with this request.)	
Original Contract Holder	New Owner
Contract Number:	Name:
VIN:	Address:
Name:	City:
Address:	Province: Postal Code:
City:	Phone Number:
Province: Postal Code:	
Phone Number:	Effective Date of Transfer:
I hereby request that all rights and benefits available under the contract identified above be transferred to the new owner identified herein and I forfeit any and all rights that I may have had under such contract.	I acknowledge that I have received, read and understand the contract identified herein and hereby request that all rights and benefits available be transferred into my name for the remaining term as indicated on the contract.
Signature:	Signature:
Cancellation Request	
Contract Holder	Selling Dealer
Contract Number:	Dealer Name:
VIN:	Phone Number:
Name:	
Address:	Date of Purchase:
City:	
<u> </u>	Date of Cancellation:
Province: Postal Code:	Date of Cancellation: Dealer Signature:

PLEASE ALLOW 4 WEEKS FOR PROCESSING OF A CANCELLATION

Please mail or email this form to:

Integrated Warranty Systems

300-495 Richmond Street, London, ON N6A 5A9 Phone:1-800 -862-7184 Email: warranty@iwsinc.ca