THE COLLEGE OF FOOT HEALTH PRACTITIONERS LIMITED

Model Cancellation Form

Use this form if you wish to cancel a contract where a statutory right to cancel applies. You are not required to use this form; you may also cancel by making any other clear statement.

To:
THE COLLEGE OF FOOT HEALTH PRACTITIONERS LIMITED
Churchfield House, 36 Vicar Street, Dudley, West Midlands, England, DY2 8RG
Email: admin@collegefhp.com
Telephone: +44 121 559 0180

I/We hereby give notice that I/We cancel my/our contract for:

- ☐ the sale of the following goods
- ☐ the supply of the following service

Description of goods / course / programme / service:

Ordered / booked on:

Received on (if applicable):

Name of consumer(s):

Address of consumer(s):

Signature of consumer(s) (only if this form is submitted on paper):

Date:

Delete or complete entries as appropriate. You may send the completed form by email to admin@collegefhp.com or by post to the registered office shown above.

This form is provided for use where a right to cancel applies under the Consumer Contracts (Information, Cancellation and Additional Charges) Regulations 2013 or other applicable consumer law.