

To obtain cover, please complete the form below and return it, with your payment, to:
Cancellationplan, P J Hayman & Company Limited, Stansted House, Rowlands Castle, Hampshire PO9 6DX
Alternatively, apply online www.cancellationplan.co.uk
or call us on **02392 419 843** for immediate cover
We are open Monday to Friday 8am-6pm, closed Bank Holidays

Applicant

Title _____ Initials _____ Surname _____ Date of Birth / /

Address _____

Postcode _____ Daytime telephone number _____

Cover required

Departure Date: / / Return Date: / / No. of Days: _____

LIST OF INSURED PERSONS (If more than 6 please attach a 'Group' list)

Name	Name

Accommodation Provider: _____

Premium Summary

Total value of holiday booked £ _____ Premium £ _____

Delete Excesses (additional £8.80 per party booking) YES / NO £ _____

Total premium payable: £ _____

Declaration

I declare that I have read for myself and on behalf of those persons for whom I have arranged cover, the **Important - Medical Conditions**, see page 3 of the policy wording. I confirm there are no circumstances that could reasonably be expected to give rise to a claim.

Signed: _____ Date: / /

Payment by Cheque

Please make your cheque payable to: P J Hayman & Company Limited and send with this completed form to the address shown above.

Payment by Credit / Debit Card

 Please debit my card with £ _____ **VISA / Mastercard**

Card number _____ Card valid from / Card expiry date /

To process this payment we need the 3 digit security number on the reverse of your card. Please provide a daytime contact number, so that we may call you for this purpose.

Daytime telephone number _____

Cardholder's signature _____

Cardholder's name _____

Address (if different from above) _____

Postcode _____

Email address _____

Agency Stamp