



APPLICATION

Schedule A- Cancellation Form

(Please complete and return this form only if you wish to withdraw from the contract)

I hereby give notice that I would like to cancel my contract for the supply of the UK national insurance number application services, particularised as follows:

Date of Order

Your Reference Number

Full Name

Full Address

Postcode

Telephone

Email

Signature

Dated

Please Return the completed document to:

Admin department,
Newspaper House, 40 Churchgate, Bolton BL1 1DE
or by emailing admin@ninoapplication.com