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**Notice of the Right to Cancel**

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| Company Name and Address: | Allay Claims Ltd. |
| Claimant Reference Number: |  |

1. We will carry out a free PPI check. Once we identify that you have a valid claim we will contact you for your instruction to submit your complaint.
2. You have the right to cancel your contract with us within **14 calendar days** from the point we submit your complaint to the lender. If you terminate the agreement after **14 calendar days** and prior to an offer of redress, Allay reserves the right to make a cancellation charge that will reflect the work undertaken by Allay in pursuit of your claim.

Cancellation should be communicated in writing using the form below to **Cancellations Team, Allay Claims Ltd., Generator Studios, Trafalgar Street, Newcastle upon Tyne, NE1 2LA** or by email to **cancellations@allay.co.uk**

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**Cancellation Form**

(Complete, detach and return this form **ONLY IF YOU WISH TO CANCEL THE CONTRACT**).

I/We hereby give notice that I/we wish to cancel my/our contract with Allay Claims Ltd. in respect of our Payment Protection Insurance Claim(s).

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| --- | --- | --- | --- |
| Signed: |  | Signed: |  |
|  |  |  |  |
| Name: |  | Name: |  |
|  |  |  |  |
| Address: |  | Address: |  |
|  |  |  |  |
|  |  |
| Date: |  | Date: |  |