




Please read our Terms of Business carefully and ensure you understand them before signing

By signing this document I/we accept the terms of business and agree to abide by them. I/we acknowledge that I/we have received a copy of this agreement.

Client Signature _____  **Date** _____

Client Signature _____  **Date** _____

Company Representative _____ **Date** _____

 By ticking this box, I/We accept that 4 Probate and Wills Ltd can contact me/us from time to time in relation to our products and services.

| Authority to commence work during the cancellation period

I wish you to commence work on this contract BEFORE the expiration of the cancellation period

I understand that under The Consumer Contracts (Information, Cancellation and Additional Charges) Regulations 2013 I have the right to cancel this contract within 14 days beginning when the contract is entered into.

I understand that if I subsequently cancel the contract within the cancellation period I will be under a duty to pay in accordance with reasonable requirements of the cancelled contract for work undertaken prior to the cancellation.

I/we agree to pay either the full amount or 20% of the agreed price to be held on account as my authority to commence work within the cooling off period.

Client Signature _____  **Date** _____

Your Reference Number _____



Cancellation Notice

Last updated November 2021

| Only complete this section if you wish to cancel

This Cancellation Notice is set out in the form required by Consumer Contracts (Information, Cancellation and Additional Charges) Regulations 2013.

If you wish to cancel the contract you **MUST DO SO IN A CLEAR STATEMENT** and deliver personally or send (which may be by electronic mail) to the Company at their address below. You may use this form if you want to but you do not have to.

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

To: 4 Probate and Wills Limited, 2 @ The Dock, 46 Humber Street, Hull HU1 1TU.

I hereby give notice that I wish to cancel my contract.

Your Reference Number _____

(can be found on your receipt/invoice – otherwise please provide your full name followed by the words "Notice to Cancel").

Name _____

Address _____

_____ **Postcode** _____

Client Signature _____ **Date** _____