

Notice of the Right to Cancel

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

1. We will carry out a free PPI check.
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.
3. If you terminate this agreement after the 14 day cooling off period and prior to an offer of redress, Allay reserves the right to make a reasonable cancellation charge that will reflect the work undertaken by Allay in pursuit of your claim. When a cancellation is requested, we will send you an itemised bill outlining the work Allay has carried out on your behalf. Charges will be calculated as follows:
 - For substantiation and referral of Your Claim to the Third Party, we will charge you £60 (inclusive of VAT where applicable).
 - For referral of Your Claim to the FOS, we will charge you £60 (inclusive of VAT where applicable).
 - For any manual communication e.g. an outgoing or incoming call/letter/email to or from either You or the Third Party, we will charge you £40 (inclusive of VAT where applicable).
 - For any automated communication e.g. automated update letters or text messages to you, we will charge you £10 (inclusive of VAT where applicable)
4. If you wish to cancel your claim(s), it is your responsibility to inform the lender that you no longer wish to continue.

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

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).

	Claimant		2 nd Claimant (Where applicable)
Signature X		Signature X	
Name X		Name X	
Address X		Address X	
Date X		Date X	