

Notification of Initial Plan Cancellation

I hereby cancel the following contract:

Plan holder's full name: _____

Email address (registered with Smiles): _____

Plan holder's address: _____

Plan holder's signature: _____

Cancellation request date (YYYY/MM/DD): ____/____/____

**Never walk alone.
Share moments.
Share Smiles.**

ANY QUESTIONS OR CONCERNS?

We will take care of you.

Contact our multilingual customer support team at:
smilesconnect.com/contact-us/