



VEHICLE LOSS
PRIVILEGE PROGRAM

CANCELLATION REQUEST FORM

MEMBERSHIP NUMBER	CUSTOMER NAME	DAYTIME TELEPHONE NUMBER
DEALERSHIP NAME	NAME OF DEALERSHIP REPRESENTATIVE	PHONE NUMBER / FAX NUMBER
VEHICLE IDENTIFICATION NUMBER	CANCELLATION DATE	CURRENT ODOMETER READING (KMS)

REASON FOR CANCELLATION

Cancel within 30 days of purchase Sold Vehicle Other _____

Purchased new membership* Provide new membership # _____

If vehicle was financed or leased, is the loan paid out? No Yes (Please include proof of payout)**

If loan is paid out, please send refund to: Dealer Contract Holder

Name and address of Payee:

Signature of both the customer and dealer representative are required.

Signature of customer

Signature of the dealer representative

Date

Date

*IF A NEW MEMBERSHIP IS PURCHASED THE CANCEL FEE WILL BE WAIVED.

**IF NO PROOF IS ATTACHED, THE REFUND CHEQUE WILL BE MADE PAYABLE TO BOTH THE CUSTOMER AND THE FINANCE SOURCE.

PLEASE RETURN COMPLETED FORM TO HYUNDAI PROTECTION PLANS BY MAIL, FAX, OR
EMAIL:

[MAIL] HYUNDAI PROTECTION PLANS
1021 West Hastings Street, Suite 400
Vancouver, BC V6E 0C3

[FAX] 1-800-510-7605

[EMAIL] customerservice@lgm.ca

FOR FURTHER INFORMATION PLEASE CALL 1-855-506-6160