

Request for Cancellation due to Repossession

Cancellation of certificate:

- DUO - _____
- CAP - _____

1. INFORMATION ABOUT THE INSURED

Last name		First name			Date de naissance (YYYY/MM/DD)		
No., street, apt.		City					
Province	Postal Code	Main phone	Ext.	Phone (Other)	Ext.		

2. INFORMATION REGARDING THE FINANCIAL INSTITUTION

Company name		Reference number	
No., street, suite		City	
Province	Postal Code	Name of representative	

3. INFORMATION ABOUT THE CANCELLATION

Why was the vehicle repossessed? Voluntary surrender Failure to make payments Bankruptcy

Death If so, please indicate the date of death if known: _____ (YYYY/MM/DD)

Other Please indicate reason for repossession: _____

Please indicate the date the vehicle was repossessed: _____ (YYYY/MM/DD)

4. SIGNATURE

I certify that all information entered in this document is accurate and complete and I agree to assume liability, if not.

Signed at _____, on this _____ day of _____ 20 _____.

Signed by the applicant _____

To contact our Customer Service:

Telephone: 418 644-4200, ext. 33363
 Toll free: 1 800 463-4856, ext. 33363
 Email: assurance-credit@lacapitale.com

La Capitale Civil Service Insurer Inc.
 625 Jacques-Parizeau St, PO Box 1500
 Quebec QC G1K 8X9 • lacapitale.com