

PATIENT'S WRITTEN REQUEST TO COMMENCE PERFORMANCE OF THE CONTRACT BEFORE THE END OF THE CANCELLATION PERIOD.

I hereby request [NAME OF BUSINESS] to commence performance of this contract ref. [number, code or other details to enable the contract or offer to be identified] to make up my spectacles on ____/____/____ [INSERT DATE AND YEAR] before my 7 day cancellation period has expired. You may use this form if you want to but you do not have to. If you do not use this form, please use the wording and provide the information set out below and sign your request. If you do not, the performance of the contract may not be begun before the end of the cancellation period.

I understand that if I decide to cancel within seven days, I may be asked to pay for any work that has been carried out prior to cancellation.

Signed: _____ Date: _____

Name and Address: _____

Cut along dotted line Cut along dotted line

NOTICE OF RIGHT TO CANCEL CONTRACTS MADE IN A CONSUMER'S HOME OR PLACE OF WORK ETC

Date:

[BUSINESS/PRACTICE NAME including any trading name]

Patient ref. [number, code or other details to enable the contract or offer to be identified]:

To:

You have a right to cancel the contract if you wish.

The right to cancel can be exercised by delivering or sending (including by email) a cancellation notice to the person mentioned below at any time within 7 days starting with the day of receipt of the written notice of the right to cancel.

The cancellation notice may be given to the following person by post, hand delivery or e-mail: NAME, JOB TITLE

[PRACTICE NAME AND POSTAL ADDRESS]

[E-MAIL ADDRESS]

The notice of cancellation is deemed to be served as soon as it is posted or sent to the above or in the case of cancellation by e-mail from the day it is sent to the above.

You may use the cancellation form provided if you wish, but you do not need to do so as long as written cancellation is sent within 7 days of the date of receipt of this notice of the right to cancel.

If you request in writing that performance of the contract commences before the end of the cancellation period, and before the end of the cancellation period you then cancel the contract after its performance has begun, you agree to pay for services provided and work undertaken or orders placed for the provision of spectacles following the sight test.

A related credit agreement (consumer credit relating to the contract being cancelled) will be automatically cancelled if the contract for goods or services is cancelled.

Yours sincerely

Cut along dotted line Cut along dotted line

CANCELLATION FORM

If you wish to cancel the contract you MUST DO SO IN WRITING and deliver personally or post or e-mail your written cancellation to the person named below. You may use this form if you want to but you do not have to. If you do not use this form, please use the wording and provide the information set out below when cancelling the contract and sign your request. If you do not include the information set out below and sign your request your cancellation will be invalid and the contact will not be cancelled.

(Complete, detach and return this form ONLY IF YOU WISH TO CANCEL THE CONTRACT AND YOU ARE NOT CANCELLING BY E-MAIL.)

To: NAME, JOB TITLE

[PRACTICE NAME AND POSTAL ADDRESS]

[E-MAIL ADDRESS]

I hereby give notice that I wish to cancel my/our (delete as appropriate) contract ref. [number, code or other details to enable the contract or offer to be identified]:

Signed: _____ Date: _____

Name and Address: _____
