

Attention: **Ambledown GAP Cover.**

With Reference To: NAPTOSA Cancellation of my GAP Cover.

Policy No: _____

This is a request to cancel the above-mentioned policy with effect 01 July 2023.

I ID number: no longer need this policy in place.

Thanking You.

Signature.

Date.

Full Name & Surname

Please send this letter to: admin@ambledown.co.za