

Notice of Cancellation of a Distance Sales Contract Lacking a Supply Date For Failure to Deliver Goods/Services within 30 Days

*When completing this form, please print clearly. Be sure to retain a copy of the completed form and proof of delivery to the business.

A.) Consumer Information

Full Name _____ Phone Number (with area code) _____

Address _____ City _____ Postal Code _____

B.) Business Information

Business Name _____ Phone Number (with area code) _____

Street Address _____ City _____ Postal Code _____

C.) Notice of Cancellation

Section 49(1)(d) of the *Business Practices and Consumer Protection Act* ("BPCPA") states:

49(1) A consumer may cancel a distance sales contract by giving notice of cancellation to the supplier (d) at any time before the goods or services are delivered if the supply date is not specified in the contract and the supplier does not deliver the goods or services within 30 days from the date the contract is entered into.

The contract was entered into on _____
(supply date in contract)

Please consider this notice of cancellation of the contract between _____ and
(consumer name)

_____ due to *not* providing me with the goods or services within 30 days
(name of business as on contract)

of the date the contract was entered into.

D.) Refund Process

Section 50 of the *Business Practices and Consumer Protection Act* states:

50. If a distance sales contract is cancelled under section 49, the supplier, within 15 days after the notice of cancellation has been given, must refund to the consumer, without deduction, all money received in respect of the contract and in respect of any related consumer transaction, whether received from the consumer or any other person.

Section 56 of the *Business Practices and Consumer Protection Act* states:

56. If a contract is cancelled under this Part, the supplier must cancel any future payments or charges that have been authorized by the consumer.

As per above, I demand a refund to be provided to me within 15 days of _____
and that any future payments or charges be cancelled. (date of cancellation)

Signature _____ Name _____ Date _____