



Cash Store and Instaloes refund claim form

If you are eligible for a refund, please fill out this form to make a claim.

Please print clearly

Last name: _____ First name: _____

Date of birth (MM/DD/YYYY): _____

Telephone number (include area code): _____

Mailing address (at time of loan)

Street address: _____ Apt: _____

City/town: _____ Province: _____

Postal code: _____

Current mailing address (if different from above):

Street address: _____ Apt: _____

City/town: _____ Province: _____

Postal code: _____

You must provide photo identification (front and back) and proof of address with this form.

Return this form by any of the below methods:

- By fax:
250-920-7181

- By email:
Please send the form as an attachment
email address: claims@cashcardrefundbc.ca

- By mail:
Consumer Protection BC
Attn: Cashstore/Instaloes refunds
PO Box 9244
Victoria BC V8W 9J2