



CANCELLATION FORM

LUMII SOLUTIONS

380, 4th Avenue
P.O. Box 911
Saint-Jean-sur-Richelieu
Quebec, J2X 4J5
Tel.: 450-346-0057
Email: info@lumii-solution.com
Website: <https://lumii-solutions.com/>

TO BE COMPLETED BY THE CONSUMER

DATE: ____/____/____ (date the form was sent)

Pursuant to section 59 of the *Consumer Protection Act*,

I hereby terminate the service agreement on behalf of: _____

Customer account number: **C** _____

Concluded on ____/____/____ (Date the service agreement was formed)

First and last name of the consumer in block letters (if different from the name on the service agreement)

Street address: _____

Street/Road/Drive/Way/Highway/Crescent/Place: _____

City/Municipality: _____

Zip code: _____

Consumer's phone number:

Consumer's phone number:

(____) _____

(____) _____

Consumer's email address: _____

*Check this box to confirm your agreement and submit your cancellation request

I confirm that I am the account holder listed above and that I am requesting the termination of my service agreement with **Lumii Solutions**. I understand that I remain responsible for all applicable charges until the date of service termination.

Lumii Solutions

380, 4th Avenue
P.O. Box 911
Saint-Jean-sur-Richelieu,
Quebec, J0J 1K0
☎ 450-346-0057
☎ 1 888 346-0057

By filling out the form on our [Contact Us](#) webpage _____