

## Request for Release of Interest

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To Whom It May Concern:

To request a release of interest, please complete this document and fax it to us.

**For the Insured to complete:**

Insured's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Vehicle Year/Make/Model: \_\_\_\_\_

Vehicle VIN: \_\_\_\_\_

Lienholder Name: \_\_\_\_\_

Lienholder Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Insurance Company: Canadian Direct Insurance Inc.

**For the Lienholder to complete:**

I, the undersigned, hereby certify that \_\_\_\_\_ has no further  
(Lienholder)

interest in the above noted policy effective 12:01am Standard time on \_\_\_\_\_.  
(Date)

Authorized Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Please fax this form to:  
Canadian Direct Insurance Inc.  
Attn: Policy Administration Department  
Metro Vancouver Fax: (604) 699-3860  
Toll-Free Fax: 1-877-515-4747

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