



CONTRACT TERMINATION REQUEST FORM

- 1. Business Name In Full: _____
- 2. Name of Proprietor In Full: _____
- 3. Contact Person: _____
- 4. Trading Name (if different from above): _____
- 5. Postal Address: _____
 _____ Post Code: _____
- 9. Tel: _____ 10. Fax: _____ 11. Cell: _____
- 12. Web Address: _____ 13. E-Mail: _____
- 14. Certified products: _____
- 15. Certified since: _____
- 16. Reason for Termination of Certification/ Approval: _____

I, the undersigned hereby would like to terminate the contract with HMA, effective:

(day) _____ (month) _____ (year) _____.

I no longer wish to be approved by the HMA. Please cancel my contract.

I will fulfil my outstanding obligations in relation to HMA standards and service fees as per contract.

Signature: _____ Date: _____

Print Name: _____ Position in Company / Outlet : _____

Witness Signature: _____ Print Name : _____

OFFICIAL USE ONLY:

Certification date: _____ Outstanding Obligations Cleared: _____

Termination cleared by: _____ Date: _____