

**DEFENCE  
POLICE  
FEDERATION**

**APPLICATION TO CANCEL SUBSCRIPTIONS**

**MEMBER DETAILS** *(please print)*

**SURNAME:** ..... **FORENAME(S):** .....

**DATE OF BIRTH:** \_\_/\_\_/\_\_\_\_ **STAFF NUMBER:** .....

**ADDRESS:**.....

..... **POSTCODE:** .....

**HOME TEL:** ..... **MOBILE:** .....

**EMAIL:** ..... *(Confirmation will be sent to this address)*

**STATION:** ..... **DATE JOINED FORCE:** \_\_/\_\_/\_\_\_\_

*Please return the completed form to [admin2@dpf.org.uk](mailto:admin2@dpf.org.uk) or send to DPF HQ at the address below.*

**DECLARATION**

**I wish to cancel my subscriptions as itemised below** *(please tick):*

Defence Police Federation       Group Insurance Scheme       Both

Group Insurance (plus Partner) Scheme

**SIGNATURE** ..... *(Electronic signatures will be accepted)*      **DATE:** \_\_/\_\_/\_\_\_\_

***This form must be received by DBS by close of play on the 9<sup>th</sup> of the month for cancellation that month. Forms received after that date will normally mean payment will not be stopped until the following month.***

*e.g. If DBS receive this form on 8<sup>th</sup> June the deductions will end in June. If received on 10<sup>th</sup> June the last payment will be deducted in July.*

**REASON FOR WISHING TO LEAVE THE DPF** *(if applicable):*