

10020 – 12th Avenue North Battleford, SK S9A 3A4 Phone Toll Free: 1-866-979-2747

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Release of Interest Form

Named Insu	red(s):			
Policy Number:				
Date to be re	emoved:			
Year:	Make:	Model:	VIN:	
Name of Par	ty being Released	:		
The reason fo	or the release is (s	elect one):		
Lienho	older has been sat	tisfied (loan paid in full).		
Name	ed Insured(s) reque	ested removal of interes	t.	
Other	(specify):			
Acknowledg	ement by Release	d Party		
	e indicated on this f		olicy identified above is being removed will no longer have any rights or claims	
1 st Named Ins	sured (Print Name)	Signature	Date (DD/MM/YYYY)	
2 nd Named Insured (Print Name)		 Signature	Date (DD/MM/YYYY)	

Send the completed form to bctoys@oasisins.ca