

Unsubscribe request

In order to cancel the Dr. Security emergency service for a user or group, this document must be completed and sent to drs.support@telemedik.com. The request must be received at least 15 days before the month in which the withdrawal is requested.

Applicant details

Name: _____

Latsname: _____

Cancellation of user(s) *(complete if you want to cancel one or more users)*

Number of users to cancel: _____

Discharge date: ____ / ____ / _____

ID usuario*	Nombre usuario	Apellidos usuario	Email usuario
#			
#			
#			
#			
#			
#			
#			
#			

*User ID: Remember, it must be the unique user identifier provided by the platform and not the identifying number added manually during the user's subscription. ***It is located in the first column of the user list.***

Cancellation of group(s) *(complete if you want to cancel one or more groups)*

Number of groups to cancel: _____

Discharge date: ____ / ____ / _____

Collective ID*	Collective name

*Collective ID: It is the unique collective identifier automatically provided by the platform at the time of creation of the collective. *It is located in the first column of the list of groups.*

In _____ on date _____ of _____, 202_____

Signature of the applicant: