

CLAIM FOR REFUND AND REIMBURSEMENT

Date of scheduled departure:

Please complete every section of this form.

Where a section or part of a section does not apply state N/A

Commission for Aviation Regulation

Transport (Tour Operators and Travel Agents) Act, 1982

(Claims by Customers) Regulations, 1983

To enable the Commission to process your claim this form must be completed in full and returned, within 60 days, with appropriate documented evidence of payment and travel contract.

If your credit card provider has already made a refund no claim can be made against the company's bond and any such claim will be considered fraudulent.

Failure to complete this form correctly will result in it being returned to you and will delay the processing of your claim.

(If there is insufficient space to answer any question please use separate sheet and attach to this claim form – please specify section to which you are referring on each additional sheet attached).

1. Name and address of travel agent/tour operator against which your claim is being made:

FAILTE TRAVEL LIMITED, T/A GERRY MC MAHON TRAVEL
AVOCA RIVER HOUSE, BRIDGE WATER SHOPPING CENTRE, ARKLOW, CO.
WICKLOW.

2. Full name(s) and address(es) of person(s) claiming and person(s) who made original booking:

3. Full name and address of each person in booking party.

(It should be indicated if any of the party is a minor(under 16)/child)

4. Contact name and telephone No.

Tel: 1890 787 787

Email: traveltrade@aviationreg.ie

Please check our website www.aviationreg.ie for updates

CLAIM FOR REFUND AND REIMBURSEMENT

5. Date and place of booking _____

6. Booking reference (if known) _____

7. Date of departure/travel _____

8. Destination _____

9. Total amount of claim _____

Payments made to (NAME of TA/TO)

Amount of Payment	Date Paid	Method of Payment

(Original receipts, invoices, booking form, cashed cheques, credit card statement, bank statements or other evidence of payment or expense must be attached). Supporting documents are essential to process the claim. – *please retain copies of all documentation sent to the Commission supporting your claim*

If payment was made by cheque or credit card within two weeks prior to date of closure of the firm a copy of the bank statement/credit card statement showing the cleared payment should be attached.

10. You may wish to have your refund: (Please tick appropriate option)

Paid to one person only

Divided among the claimants

Paid to a third party

Name(s) of person(s)/ firm to which refund is to be paid:

Name _____

Address _____

*I agree that payment should be made as indicated above - **NOTE:** Each person in the booking party, as well as the person who made the original payment, must sign below...*

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

Signature _____

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BANK DETAILS

If you want a refund made direct into your bank account Electronic Bank Transfer please provide the following details: (otherwise refund is issued by cheque)

Name of account _____

Name of Bank _____

Address of Bank _____

National Sort Code _____

Account Number _____

IBAN _____

11. Assignment

NOTE: Before payment can be made, each claimant must assign to the Commission any claims for refund or reimbursement arising from the booking. Accordingly, each person in the booking party, as well as the person who made the original payment, must sign this section.

In consideration of any payments made to me or on my behalf, I hereby assign to the Commission for Aviation Regulation any claim I may have against

I/We certify that the information given above is true and accurate and agree to indemnify the Commission for Aviation Regulation in event of over/dual payment. The claimant's attention is drawn to the heavy penalty provisions relating to the false or misleading submissions for the purpose of obtaining payment from the bond, which are set out in the Transport (Tour Operators and Travel Agents) Act, 1982 as amended.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Return this claim form by **registered post** with the necessary documents attached to:
Travel Trade Licensing
Commission for Aviation Regulation,
3rd Floor Alexandra House
Earlsfort Terrace, Dublin 2.