EXPENSES CLAIM FORM

To be completed by persons abroad at the time of the collapse of Lowcostholidays Spain S.L.

OFFICE USE ONLY	С	Claim ref no: 16 /1/
Collapsed Tour Entity:	L	Lowwcostholidays Spain S.L
package (travel and	accommo	collapse of Lowcostholidays Spain S.L. and you have booked a full odation) you may be asked to pay for your hotel again . this form the address overleaf including all receipts and paperwork from your holiday
Section 1. Passenger	· Details	
Date of departure (from Ireland)		Destination
	Name	Address
Lead name and address of person claiming and each person associated with the original booking Indicate with (m) where passenger is a minor (under 16)	1.	
	2.	
	3	
	4.	
Contact/mobile no		Email address
Section 2. Booking D	etails	
LCH Spain SL Booking ref no, . (Please see your invoice/paperwork.)		

EXPENSES CLAIM FORM

To be completed by persons abroad at the time of the collapse of Lowcostholidays Spain S.L.

Section:	3. Ex	penses
----------	-------	--------

3 Expenses Incurred by Customer

List your expenses and include receipts as expenses without receipts cannot be refunded

Date incurred	Type of expense (i.e. Hotel/Food/Travel)	Value	Description of expense

Section 4. Passenger Declaration

Claimants are advised that penalty provisions exist in relation to the false or misleading submissions for the purpose of obtaining payment from the bond, which provisions are set out in the Transport (Tour Operators and Travel Agents) Act, 1982 as amended

I/We the undersigned hereby assign to the Commission for Aviation Regulation or its agent the benefit of any claim for accommodation, flights and transfers where paid for on our behalf by the Commission or its agent. I request payment for the additional expenses incurred as listed above be made to the lead person(s) in the booking.

I/We certify that the information given above is true and accurate and agree to indemnify the Commission for Aviation Regulation in the event of over/dual payment.

Signature:	Date:
Signature:	Date
Signature:	Date
Signature:	Date
Signature:	Date:

Form must be completed in full, signed, dated and ensure all receipts/copy paperwork are included when returning to \tilde{o} .

Commission for Aviation Regulation,

Alexandra House, Earlsfort Terrace, Dublin 2