Travel Company Liquidation Form

If completing by hand please use **black ink**.

Please complete, print and return your form, along with any docum To reduce delays in processing this form, please complete all fields	
Full name	Payment date (as shown on your statement if available)
Your address	Company name (as shown on your statement if available)
Card No. the transaction was made with (16 digit number)	Amount (as shown on your statement if available)
Contact Details: If we need to call you about your claim, please provide	your contact details below where appropriate.
9am - 1pm	Signature
1pm - 5pm	
5pm - 9pm	7
Travel Protection:	
Is your travel ATOL/ABTA protected? (tick as applicable)	
ATOL ABTA	
Are you claiming the full cost of the holiday?	
If 'Yes' complete sections A and C. If 'No' complete sections B and Document Check List (please tick)	
Invoice(s)	
ATOL/ABTA decline letter or advice	
Booking Ref	
Remember to enclose copies of your supporting documentation an Please avoid stapling your documents together or attaching them to	
Section A	
Date of Travel	Destination and/or hotel/resort name
Amount	ך ך
Booking ref. Number	

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Section B			
Outbound Flight			
Service availability (tick one)			Booking ref. Number
Full Partial	N	lone	
Date of Travel			Destination and/or hotel/resort name
Amount			
Inhound Elight			
Inbound Flight			
Service availability (tick one)			Booking ref. Number
Full Partial		lone	
		L	
Date of Travel			Destination and/or hotel/resort name
Amount			
Hotel/Resort/Cruise			
Service availability (tick one)			Booking ref. Number
Full Partial		lone	
Date of Travel			Destination and/or hotel/resort name
· · ·			
Amount			
Transfer			
			Booking ref. Number
Service availability (tick one)		lana	Booking ref. Number
	N	lone	Booking ref. Number
Service availability (tick one)	N	lone	Booking ref. Number Destination and/or hotel/resort name
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Service availability (tick one) Full Partial Date of Travel	N	lone	
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