

# Travel Company Liquidation Form

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

Please complete, print and return your form, along with any documentation to: **Card Disputes PO Box 1050 Bradford BD1 9JJ**

To reduce delays in processing this form, please complete all fields as fully as possible.

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

Date

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5pm - 9pm

## Travel Protection:

Is your travel ATOL/ABTA protected? (tick as applicable)

ATOL  ABTA

Are you claiming the full cost of the holiday?

Yes  No

If 'Yes' complete sections A and C. If 'No' complete sections B and C.

## Document Check List (please tick)

Invoice(s)

ATOL/ABTA decline letter or advice

Booking Ref

Remember to enclose copies of your supporting documentation and retain the originals for your own records.  
Please avoid stapling your documents together or attaching them to the claim form.

## Section A

Date of Travel

Destination and/or hotel/resort name

Amount

Booking ref. Number

**Section B**

**Outbound Flight**

Service availability (tick one)

Full  Partial  None

Date of Travel

Amount

Booking ref. Number

Destination and/or hotel/resort name

**Inbound Flight**

Service availability (tick one)

Full  Partial  None

Date of Travel

Amount

Booking ref. Number

Destination and/or hotel/resort name

**Hotel/Resort/Cruise**

Service availability (tick one)

Full  Partial  None

Date of Travel

Amount

Booking ref. Number

Destination and/or hotel/resort name

**Transfer**

Service availability (tick one)

Full  Partial  None

Date of Travel

Amount

Booking ref. Number

Destination and/or hotel/resort name

**Section C**

Other (please specify below)

Service availability (tick one)

Full  Partial  None

Date

Amount

Booking ref. Number

Company name

**Additional information**

Please provide a description of the service you didn't receive and add any additional information that you feel will help with your claim. (If you need to add more information, please complete this on a separate sheet of paper.)