



# ATOL Claim Form

Tour Operator:

Claimant Name:

Claim Number:

 (please leave blank)

**IMPORTANT NOTE:** Only a named passenger due to travel on an affected booking should complete this claim form. This person must also sign Section 7.

If someone NOT due to travel paid for the booking then any refund will automatically be sent to the person who made payment (payor) as they have suffered the financial loss.

If the payer requires a third party or a named travelling passenger to receive settlement, then the payor must sign Section 8.

## 1 Passengers details

Passenger Name:

Address:

County:

Postcode:

Telephone:

Mobile:

E-mail address:

## 2 Booking Details

Name of tour operator:

Booking reference:

Date of departure:

Number of passengers on booking:

### 3 Documentation and Proof of Contract

Was the booking made:

Please tick

- directly with the tour operator ?

**OR;**

- through a travel agent? *(If yes please name the agent below)*

Name of Travel Agent:

Please provide the originals of **all** of the following documents, indicate that they are enclosed and the date you received them.

- |  | <input type="checkbox"/> | <i>Date received</i> |
|--|--------------------------|----------------------|
| • a receipt from your travel agent (if applicable)     | <input type="checkbox"/> | <input type="text"/> |
| • a confirmation invoice from the failed tour operator | <input type="checkbox"/> | <input type="text"/> |
| • air or other travel tickets                          | <input type="checkbox"/> | <input type="text"/> |

*If you no longer have some of the above documentation, please tell us approximately when you received them. You will need to provide at least one original document confirming that you had a contract with the failed tour operator in order for us to consider your claim.*


### 4 Type of claim being made

**IMPORTANT NOTE: You can ONLY submit one type of claim**

You can either submit a claim for the expense of a **Forward Booking** that you have been unable to travel on because of the company's failure **OR** a **Customer Out of Pocket Costs** claim to cover the repayment of elements of your holiday you where forced to repay in resort because of the tour operator failure.

Please indicate below the type of claim you are making.

- A claim for a holiday you have been unable to go on:

**Now go to Section 5 >**

**OR;**

- Expenses incurred on holiday as a result of the failure:

**Go straight to Section 6 >**

### 5 Forward Booking Claim Only - Evidence of Payment

Please list and detail **all** payments regarding this booking which have been made to the failed tour operator or travel agent. Provide **all** the original financial documentation as set out below.

Paid by	Paid to	Date	Method of Payment (cheque, credit card etc)	Amount (£)
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

<b>IMPORTANT NOTE: The CAA cannot refund insurance premiums and you should contact the company that issued the policy.</b>	Sub Total	£	<input type="text"/>
	Minus Insurance	- £	<input type="text"/>
	Other Deductions	£	<input type="text"/>
	<b>Total Claim</b>	<b>£</b>	<input style="border: 2px solid black;" type="text"/>

**IMPORTANT NOTE: You can ONLY submit documents listed below as evidence of payment. No other evidence is acceptable. Without this evidence we cannot consider your claim.**

Please tick

**For all cash payments:** the **original cash receipt** received from the Tour Operator or Travel Agent. Bank advice slips are NOT acceptable; and

**For cash payments of more than £500 and any payment made directly into the operators account:** you must complete the Affidavit in **Section 12**   
 provide a copy of your bank statement showing the account holders name and withdrawal of the amount paid. For bank transfers, a bank statement detailing the payees name/account details.

**For all cheque payments:** the **original cleared cheque** from your bank; or   
 a **photocopy of both sides** of the cleared cheque; or   
 a **letter from bank/building society** confirming the account holders name, amount paid, payee and date of clearance.

**For all debit/credit card payments:** a copy of your official bank statement showing the transaction:   
 This must confirm the payment, the account number and the name of the account holder. **Sales slips or ATM statements cannot be accepted.**

**Now go to Section 7 >**

## 6 Customer Out of Pocket Expense Costs Only - Evidence of Payment

We can only consider claims for customer out of pocket costs for passengers who were already abroad at the time of the operators failure and who have suffered a financial loss due to replacing elements of the holiday already pre-paid to the tour operator. We are prohibited from paying **any** form of compensation. Please give details below of the payments you made, adding a separate sheet if there is not enough space.

**IMPORTANT NOTE: All Customer Out of Pocket costs should be sent direct to the CAA at the address below.**

**ATOL Claims Dept  
K3 CAA House  
45-59 Kingsway, London. WC2B 6TE.**

All claims must be supported by original receipts.

Element repaid (e.g. hotel, car hire etc)	Receipt? ✓	Method of payment (cash or card)	Amount paid (in currency paid)
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>Total Expenses Claim</b>			<input style="border: 2px solid black;" type="text"/>

**IMPORTANT NOTE: You can ONLY submit documents listed below as evidence of payment. No other evidence will be accepted & we will be unable to consider your claim.**

Please tick ✓

**For all cash payments:** the **original cash receipt** received for the element repaid; and

For **cash payments of more than £500**, you must complete the Affidavit in **Section 12**

**For all debit/credit card payment :** a copy of your **official statement** showing the transaction: This must confirm the payment, the account number and the account holders name. **Sales slips or ATM statements cannot be accepted.**

**Now go to Section 7 >**

## 7 Passengers declaration

**IMPORTANT NOTE: This section MUST be signed by a named travelling passenger**

In consideration of and to the extent of any refund of the losses claimed above, I hereby assign to the Air Travel Trust any claim arising from that booking which I or any member of my party covered by this claim may have against the failed tour operator, the travel agent or my credit card issuer. I agree that it may be re-assigned to ABTA Limited or the Federation of Tour Operators, as appropriate, if one of those bodies meets my claim.

I hereby declare that the information I have provided in connection with my claim is the truth and that neither I nor any other member of the party listed above have received or expects to receive any refund from the failed tour operator or any insurance company of the sums claimed above. I confirm that I have no insurance cover against tour operator failure.

Passenger name :

Signed:  Date:

by the claimant for and on behalf of all members in the party listed above.

## 8 Payment details

**IMPORTANT NOTE: This Section can ONLY be signed by the original payor of the holiday funds. Only the payor can nominate another party to receive their money, INCLUDING making payment to a named travelling passenger or travel agent/tour operator supplying a replacement holiday.**

I hereby authorise the Civil Aviation Authority, the Air Travel Trust, ABTA Limited and the Federation of Tour Operators to pay any refund due to the following:

Name:

Address:

County:  Postcode:

Account name(s):

Name of bank:

Bank sort code:  -  -  Account number:

Signed by payer:  Date:

## 9 Travel Agents Details – TO BE COMPLETED BY AGENT ONLY

Company:  Contact name:

Address:

County:  Postcode:

Tel:  ABTA No:

### 10 Low Deposit Bookings

Total deposit due for booking:

Amount paid by the customer:

Amount claimed of deposit unpaid:

Please tick

I enclose the low deposit agreement as signed by the customer:

**We declare that the amount claimed above has not been paid to us by or on behalf of the customer or by any other person**

**In consideration of the Civil Aviation Authority, the Air Travel Trust, ABTA Limited or the Federation of Tour Operators meeting all or part of our claim, we hereby irrevocably undertake not to claim the sum claimed from the customer or any other person. In the event that any money is paid to us by or on behalf of the customer or by any other person, we undertake to remit it to the body that has met our claim.**

Name:  Position:

Signature:  Date:

### 11 Travel Agents Evidence of Payment

I confirm that the payments listed by the customer in respect of the holiday stated were received by me and that I in turn:

Please tick

- paid the failed tour operator by cheque. I enclose the cleared cheque and a reconciliation including the name of the lead passenger and the failed tour operator's booking reference, and amount paid per booking.
- paid the failed tour operator by direct debit. I enclose the official bank statement showing the transaction and a reconciliation including the name of the lead passenger and failed tour operator's booking reference, and amount paid per booking.
- paid the failed tour operator by credit card. I enclose the official credit card statement and a reconciliation including the name of the lead passenger and failed tour operator's booking reference, and amount paid per booking.
- passed the amounts received from the customer to the failed tour operator's Administrator, Liquidator or Receiver **OR**; accounted for the amounts received from the customer and set off the payments against debts properly due to us from failed tour operator. I enclose –
  - evidence of payment in one of the forms set out above;
  - a copy of the schedule submitted to the tour operator's Administrator, Liquidator or Receiver covering the booking or detailing the set-off ; and
  - a copy of his acknowledgement of receipt.

Name:  Position:

Signature:  Date:

## 12 Declaration of Cash Payments over £500

**IMPORTANT NOTE: This Section must ONLY be signed by the original payor of the cash holiday funds and MUST be signed and witnessed by a Solicitor, Commissioner for Oaths or a Officer of a Court appointed by a judge to take Declarations.**

I [Your name]

of [Your address]

[County]

[Postcode]

do solemnly and sincerely declare as follows:

On the [Date] / / paid the sum of £ in cash to the office of

[Name of firm which accepted cash]

[Address of firm]

[County]

[Postcode]

The cash payment was in respect of part/full payment for a holiday, inclusive of flights, booked with

[Name of failed tour operator]

which was due to depart on [Date of departure] / / .

At the time of the cash payment referred to above, a receipt was issued to me by

[Name of firm which accepted cash]

Following the failure of [Name of failed tour operator]

I have completed the required Claim Form and submitted the required documentation including the cash receipt referred to above in support of my application for repayment under the ATOL Scheme. I confirm that since I was issued with the cash receipt referred to in paragraph 3, no substitute or other cash receipts have been reissued to me in respect of my payment(s) for the holiday booked with

[Name of failed tour operator]

This Declaration is now made in support of my application for a refund under the ATOL Scheme and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declaration Act 1835. Declared at

[Court/Solicitors name]

[Court/Solicitors address]

[County]

[Postcode]

This [Date] day of [Month] [Year]

Before me, Solicitor / Commissioner for Oaths / Officer of a Court appointed by a judge to take Declarations.

[Signature of payee]

[Official Stamp]

[Signature of Solicitor / Commissioner for Oaths / Officer of a Court]