

EU COMPENSATION APPLICATION FORM

For flight cancellations and long delays

Please complete the form in FULL. Incomplete form will not be processed.

1.	Personal details:-	
Nam	e of passenger as appears on y	ur reservation/booking:
Title	: (Mr/Mrs/Ms) First name:	Surname:
Full	Home Address:	
		Postcode:
	port Number:ase enclose with this form a pho	ocopy of passport name page.)
2.	Flight details:-	
Airlir	ne Booking Reference (e.g.63EV	MM): Flight number: BI
Date	of Departure (DD/MM/YY):	To:
	nfirm that the information I hat the if I have supplied or given t	ve given is correct and in order. I, understand that my application will be a false information.
Signe	ed:	Date (DD/MM/YY):
3.	Optional information:-	
Tele	phone number:	Royal Sky Membership No. (If applicable):
E-ma	nil address:	
Pleas	se state if your flight was cance	ed or delayed; and the reason for the cancellation or delay?
Plea	se complete the following it	you are applying on behalf of passenger under the age of 18 years.
form		or the legally authorized guardian of the passenger named on this application is correct. I understand that this application will be rejected if I have supplied
Signe	ed:	Date:
Name of the passenger:		Relationship to passenger:

The issuance and/or receipt of this application form should not be construed as an admission of liability in respect of the payment of compensation for cancelled and/or delayed flights.