

# CANCELLATION FORM

NOTIFICATION OF CLAIM FOR CANCELLATION INSURANCE BASIC TAKEN OUT

## PERSONAL DETAILS

Name		Booking ref.
E-mail address		Social security no. / Org. no
Address		
Postcode	City	Mobile no.
I wish to have the money recredited to the card on which the purchase was made <input type="checkbox"/>		Account no.and bank (doesn't need to be completed if the previous box was ticked)

## REASON FOR CANCELLATION

- Serious illness, accident or death
- Call-up to armed forces
- Initiation of divorce proceedings
- Fire, water damage or burglary at home or business
- Unexpected termination of empolyment
- suffers an unforeseen breakdown while travelling by car, train or bus to the arrangement destination such that 25% of the arrangement, but at least 24 hours, cannot be used.

A copy of testimonials supporting the reason for the cancellation must be enclosed with this notification of claim.  
Example: certificate from a doctor, government agency or insurance company.

I CERTIFY THAT THE INFORMATION ABOVE CORRESPONDS TO THE ACTUAL CIRCUMSTANCES:

City	Date	Signature of policy holder
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Send this notification to: SkiStar AB, Ekonomiavdelningen, 780 67 Sälen.  
Faxnr: +46 280 880 75