



## CLAIM FORM

SURNAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE/MOBILE PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HI-FLY CODE: \_\_\_\_\_

FLIGHT NUMBER: \_\_\_\_\_ FLIGHT DATE: \_\_\_\_\_

ROUTING: \_\_\_\_\_ RESERVATION CODE: \_\_\_\_\_

*PLEASE TICK ONE OF THE FOLLOWING TO INDICATE YOUR REASON FOR CLAIM*

DELAY	CANCELLATION	OVERBOOKING	BOOKING	FARE	STRIKE	DAMAGE ON BOARD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### NOTES

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**by fax to:** Eurofly S.p.A – Customer Relations - +39 02 82 68 80 62

**by ordinary mail to:** Eurofly S.p.A- Customer Relations- Via Ettore Bugatti 15 - 20142 Milano Mi (Italy)