

Name of collapsed entity: **Dunne and King Travel Ltd T/A Lets Travel**  
Address: **3 Main Street, Dunboyne, Co. Meath**

## PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS FORM

### ◆ **Credit Cards**

Those persons who paid either in full or in part payment by credit card should contact the issuing bank and seek a charge back.

### ◆ **Travel Products purchased without a travel element.**

- Please note that travel products sold without a travel element are not covered under the bond.
- Products such as \*football tickets + accommodation/accommodation + activities (e.g. City Breaks with theatre/guided tours/car hire) will not be covered

### ◆ **Overseas travel that does not commence from the Republic of Ireland.**

Travel that does not commence from the Republic of Ireland is not covered by the bond. If you paid for your travel by credit card or you have travel insurance, you should seek further advice on refunds with the relevant company.

### ◆ **Travel within the Republic of Ireland.**

The above is not covered under the bond.

### ◆ **Vouchers**

- Vouchers are not eligible for refund from the Bond except in instances where the voucher has been exchanged for full or part payment for overseas travel. In such instances, evidence of the booking must be supplied together with evidence of payment.
- Vouchers are not eligible for refund from the Bond where they have been obtained from a Third Party (e.g. retailer) by way of a loyalty/rewards scheme

Name and Address of Travel Agent against which your claim is being made

Dunne and King Travel Ltd T/A Lets Travel  
3 Main Street, Dunboyne, Co. Meath**Section 1. \*Passenger Details**

Date of scheduled departure

Lead name and address of person claiming and each person associated with the original booking

*Indicate with (m) where passenger is a minor (under 16)*

Name	Address
1.	
2.	
3.	
4.	

Daytime contact no/mobile no:

Email address

**Section 2. Booking Details**

Date of booking

Lets Travel Booking ref

Departure Date:

Destination:

**Section 3. Insurance Details** (Help Note 1)

Name of insurer

Booked Insurance directly with Lets Travel

Yes  No 

Booked Insurance separately through another provider e.g. your insurance company

Yes  No 

Was your insurance sold as part of the package

Yes  No 

Is it an Annual Policy?

Yes  No 

Cost of insurance

€

Is this cost in total value of claim in Section 4?

Yes  No

## Section 4. \*Payment Details (Help Note 2)

Please list all payments in respect of this booking

Paid in by	Date	Method of Payment (Cash, cheque or credit card etc)	Amount (€)	Evidence attached (see below)– tick box
<i>e.g. Mr A.N. Other</i>	<i>03/12/08</i>	<i>Laser Card</i>	<i>300.00</i>	✓ <input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Total Payments made €

Less Insurance <sup>(1)</sup> See notes section at back of claim form €

Less Other Deductions <sup>(3)</sup> €

**Total Claim <sup>(4)</sup> €**

Please tick where applicable

For all cash payments	The original cash receipt received from Lets Travel. (ATM withdrawal slip not acceptable)	<input type="checkbox"/>
For payments made directly into Lets Travel's account	In the case of a lodgment to Lets Travel's account please provide the lodgment stub. In the case of a bank transfer the payee should provide a bank statement detailing the account details and amount transferred.	<input type="checkbox"/>
For all cheque payments	Please ask your bank for a clear copy front & back of the cleared cheque <u>or</u> A letter from bank/building society confirming the account holder's name, amount paid, payee and date of clearance	<input type="checkbox"/> <input type="checkbox"/>
For all credit <sup>(4)</sup> or debit card payments	A copy of your Credit Card or Laser account statement showing the transaction: This must confirm the payment, the account number and the name of the account holder.	<input type="checkbox"/>
On-line Electronic Payments (e.g. Paypal)	A copy of your confirmation e-mail from your on-line provider	<input type="checkbox"/>

Please note that the Commission, once satisfied with your payment details, must then check with the suppliers, airlines etc to confirm if payments/part payments have been forwarded.

## Section 5. Refund Details

Paid to one person only <input type="checkbox"/>	Name		
	Address		
Divided among the claimants <input type="checkbox"/>	Name		Amount €
	Address		
	Name		
	Address		
	Name		
	Address		
			<b>Total</b> €
		(This should equal amount of Claim)	
Paid to a third party/ies(e.g. Travel Agent, Tour Operator, Insurance Broker) <small>(Help Note 5)</small> <input type="checkbox"/>	Name	Address	Amount €
	1.		
	2.		
		<b>Total</b> €	
		(This should equal amount of Claim)	

\*If there is insufficient space to answer any question please use separate sheet, attach to this claim form and specify Section referred to  
 Tel: 1890 787 787 | Fax: 01-6612092 | [claims@aviationreg.ie](mailto:claims@aviationreg.ie) | [www.aviationreg.ie](http://www.aviationreg.ie) for updates

## Section 6. Passenger Declaration

Important Note: This Section must be signed by all persons over 16 in the booking party

Before payment can be made, each claimant must assign to the Commission any claims for refund or reimbursement arising from the booking. Accordingly, each person in the booking party, as well as the person who made the original payment, must sign this section.

The claimant's attention is drawn to the heavy penalty provisions relating to the *false or misleading submissions* for the purpose of obtaining payment from the bond, which are set out in the Transport (Tour Operators and Travel Agents) Act, 1982 as amended.

I/we certify that I/we agree to the payment of the refund as detailed in Section 5 of this claim.

In consideration of any payments made to me or on my behalf, I hereby assign to the Commission for Aviation Regulation any claim I may have against Lets Travel.

I/We certify that the information given above is true and accurate and agree to indemnify the Commission for Aviation Regulation in event of over/dual payment.

Signature:	Date:
Signature:	Date
Signature:	Date
Signature:	Date
Signature:	Date:
Signature:	Date
Signature:	Date
Signature:	Date

## Section 7. Checklist

Please Tick

I/we have read through the above form and completed Sections 1 to 6	
I have enclosed a detailed list of payments for my booking and all original receipts	
All adults in the party have signed Section 6	
I have kept copies of all relevant documentation as submitted with my claim	

Return this claim form with the necessary documents attached to:

Claims Dept,  
Commission for Aviation Regulation,  
3<sup>rd</sup> Floor Alexandra House,  
Earlsfort Terrace, Dublin 2.

## Section 8. Notes

### 1. Insurance

Insurance booked directly with Lets Travel

- You must first establish whether monies paid over in respect of insurance was passed to the insurer/broker. If no monies were passed to the insurer and you intend rebooking your holiday for the same date. (using the policy which hasn't been paid for) you need to nominate the insurer/broker to receive payment due.(see *Section 5*)
- If no monies were passed to the insurer/broker and you do not intend using the insurance policy you can include the insurance amount paid by you in your claim.
- If you did not purchase travel insurance through Lets Travel you are not eligible for a refund under the Bond

### 2. Payment Details

- The Commission, once satisfied with your payment details, must then check with the suppliers, hotels, air carriers etc to confirm if payments/part payments have been forwarded.

### 3. Other deductions

- **Payments by credit card**

If you paid in full or in part by credit card you should seek a charge back from your credit card company for the relevant amount. Please take this into account in relation to the total amount of your claim *Reminder: If your credit card company are unwilling to provide you with a charge back you should provide a letter to confirm this and a copy of the statement indicating payments made to Lets Travel*

- **Cancellation of payment**

If you have cancelled a cheque/direct debit/standing order payment made to Lets Travel and this has been confirmed by your bank this amount will not be paid from the Bond.

*Example.* You paid €1,000 for an overseas holiday. You cancelled your last payment (by cheque or credit card), for the amount of €500.00, when you heard the company went out of business. The total amount to be claimed would be €500. -

- **Credit card charge**

These charges (e.g. 2.5% as charged by retailer) will not be refunded from the Bond

- **Service card charge**

You should look to your travel agent for a refund of any service charge (if applicable).

### 4. Total Claim

This is the amount you are eligible to claim from the bond after all deductions have been taken into account.

### 5. Third Party Payments

An example of a third party is where you have rebooked a holiday with another travel agent/Tour Operator and you wish them to receive the refund due to you under your claim. Also see note 2 above.

### 6. Vouchers

- Vouchers are only eligible for refund from the Bond in instances where the voucher has been furnished by Lets Travel **and** exchanged for full or part payment for overseas travel contract. In such instances, evidence of the booking must be supplied together with evidence of payment.
- Vouchers are ineligible for refund from the Bond where they have been obtained from a Third Party (e.g. retailer) by way of a loyalty/rewards scheme