

## Application for compensation under the Travel Guarantee Act

### Personal data

Name	Phone
Address	
Postal code and town/city	Email address

### Co-travellers

The application also applies to the following co-travellers:	

### Payment

Bank where my compensation can be deposited:	
Clearing no.:	Account no. (for foreign accounts you also need IBAN number and BIC code):

Please provide details that are as complete as possible and attach receipt or bank statement and booking confirmation.

NB: Applications for compensation must be made within three months of the time it becomes clear that part of your package trip or the linked arrangement will not be carried out by the organiser.

**Send the form, receipt or bank statement and booking confirmation to Kammarkollegiet, Box 2218, SE-103 15 Stockholm or [registratur@kammarkollegiet.se](mailto:registratur@kammarkollegiet.se)**

### The trip consisted of at least two of the following services

Transport Accommodation Car rental or motorcycle rental Tourist service. If so, state which: .....
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(Tourist service means, for example, event tickets, guided tours, ski passes or sports equipment hire.)

**Information about the trip**

The trip was purchased from (enter company):	Total cost of the trip (attach bank statements):
Destination (attach your booking confirmation):	Departure date:
Date of return trip according to booked trip:	State the date when you had to travel home:
Registration fee paid:	Date on which the registration fee was paid:
Final payment made:	Date on which the final payment was made:

**Information about why the trip was cancelled**

Describe why you can/could not complete the trip/part of the trip? (max. 500 characters)	
When and how did you find out that the trip was cancelled? Please attach email/letter	
I claim compensation to the order of (in Swedish kronor):	
Have you claimed compensation by other means? Yes    No	If so, from where have you claimed compensation?
Have you received compensation by other means? Yes    No	If so, from where have you received compensation?
	How much have you received in compensation?

**Please note that if you provide incorrect information, you may be liable to make a repayment.** I certify that the above information is complete and truthful. Signatures of all aged 18 or over:

**Signature**

Date (yyyy-mm-dd)	Signature: