

This form is to be used to **submit a claim to the Compensation Fund for Customers of Travel Agents** or **in order to use the travel agency's surety bond**.

Before submitting this form, it is essential to have checked whether the following companies can provide a reimbursement and, if so, to have filed a claim with them:

- the travel agency with which you did business;
- an insurer. It can be private insurance, group insurance (offered by an employer, an association, etc.) or insurance linked to a credit card, for example;
- the issuer of the credit card(s) used to pay for the services. The issuer might agree to cancel the purchase of the services that were not rendered to you.

1. Information about the travel agency

Provide the requested information about the travel agency with which you did business. The agency must hold a Québec licence in order for you to be eligible for a reimbursement. You can check by using the "Get Information About a Merchant" tool (opc.gouv.qc.ca/en/information-merchant).

Name of travel agency		Licence number (if known)
Address		
City		Postal code
Name of travel counsellor (if known)	Telephone	Ext.

2. Information about the travel agency's customers

Identify the travel agency's customer(s). If other people paid the agency for services, identify them as well. Attach an additional sheet if necessary.

Customer 1

First and last name (or company name if the services were purchased on its behalf)		Date of birth (YYYY-MM-DD)
Address		
City		Postal code
Province	Country	
Telephone	Ext.	Email address

Did this person (or company) pay the travel agency for services? Yes No

If yes, can the reimbursement be made by electronic transfer, if that option is available?

Yes. Enter the email address: _____

No. A cheque will be mailed to the address indicated.

Customer 2

_____	_____
First and last name (or name of company if the services were purchased on its behalf)	Date of birth (YYYY-MM-DD)

The address is identical to the one listed under "Customer 1." If not, fill in the relevant fields below.

Address

_____	_____
City	Postal code

_____	_____
Province	Country

_____	_____	_____
Telephone	Ext.	Email address

Did this person (or company) pay the travel agency for services? Yes No

If yes, can the reimbursement be made by electronic transfer, if that option is available?

Yes. Enter the email address: _____

No. A cheque will be mailed to the address indicated.

3. Information about the travel planned

_____	_____
Date of purchase (YYYY-MM-DD)	Planned destination

_____	_____
Expected date of departure (YYYY-MM-DD)	Expected date of return (YYYY-MM-DD)

4. Payment methods used

Tick the payment method(s) used to pay the travel agency for the services and provide the requested information.

Credit card

Card 1

_____	_____	XXXX	XXXX	_____
Name of cardholder	Card number			Amount paid

Card 2

	XXXX	XXXX	
Name of cardholder	Card number	Amount paid	

Cash

Payment 1

Name of payer	Amount paid	Date of payment (YYYY-MM-DD)

Name of the person who received the payment

Payment 2

Name of payer	Amount paid	Date of payment (YYYY-MM-DD)

Name of the person who received the payment

Payment 3

Name of payer	Amount paid	Date of payment (YYYY-MM-DD)

Name of the person who received the payment

Cheque, debit or electronic transfer

Payment 1

Name of payer	Amount paid	Date of payment (YYYY-MM-DD)

Payment 2

Name of payer	Amount paid	Date of payment (YYYY-MM-DD)

Other payment method (travel credit, prepaid card, gift card, points, etc.)

Payment 1

Name of payer	Amount paid	Date of payment (YYYY-MM-DD)

Name of the issuer of the travel credit, the prepaid card, etc.

Payment 2

Name of payer	Amount paid	Date of payment (YYYY-MM-DD)
Name of the issuer of the travel credit, the prepaid card, etc.		

5. Justification of the claim

Provide the information requested to justify the claim.

General information about the claim

Which of these situations gave rise to this claim?

Travel completely cancelled (no service received)

Travel interrupted or services received in part

Service not rendered as planned, which deprived you of other services.

E.g., a delayed flight caused you to miss two days at the hotel.

Other situation

Who made the decision to cancel the services or not provide them?

One or more customers indicated in Section 2

The travel agency or a service provider (e.g., an airline, cruise line, hotel operator, etc.)

What is the situation that prompted this claim? Include all relevant details.

E.g., natural disaster, transportation delay or cancellation, bankruptcy of a hotel operator, strike, closure, etc.

Claim for amounts paid to the travel agency

Are there services for which you paid the travel agency but did not receive?

No. Go to the "[Claim for other expenses paid](#)" section.

Yes. Provide the following information:

Accurate description of services not received

E.g., travel package, Paris-Montréal return flight, 3 nights at the ABC Hotel, guided tour of Berlin, 2 Mediterranean cruise days, etc.

Date of cancellation or interruption of services or travel (YYYY-MM-DD):

Total amount paid to the travel agency for services not received:

Claim for other expenses paid

Did you pay for any expenses due to the cancellation of services or because they were not provided as planned?

E.g., pay for an overnight stay at the hotel because of a flight delay, pay for another return ticket because the original carrier was on strike, etc.

No Yes. Provide the following information:

Type of expenses paid

Meals. Specify the total amount paid:

Lodging. Specify the total amount paid:

Transportation. Specify the total amount paid:

Other expenses. Specify the total amount paid:

Specify the type of expenses:

Total amount of expenses paid:

Total claim

What is the total amount claimed?

This amount must correspond to the amounts paid to the travel agency for services that were not received and other expenses paid as a result of the non-receipt of those services. You cannot claim an amount for damages, e.g., for stress or inconvenience caused by the cancellation of a trip.

6. Application for reimbursement from the travel agency

Provide the required information about the reimbursement requested from the travel agency.

Decision of the travel agency

Application accepted. Specify:

Reimbursement obtained. Specify the amount received: _____

Travel credit obtained. Specify:

_____	_____
Name of the issuer of the travel credit	Amount received

Intended use of the travel credit:

It will be kept and used for future travel. It was refused or will not be used.

_____	_____
Name of the issuer of the travel credit	Amount received

Intended use of the travel credit:

It will be kept and used for future travel. It was refused or will not be used.

Application rejected

Awaiting a decision



Provide a document proving the decision of the travel agency OR a declaration that steps have been taken, but that no document proving its decision can be provided (*complete Appendix 1*).

7. Travel insurance

If one or more customers hold or are covered by travel insurance that provides trip cancellation or interruption protection, provide the information requested for each insurance held. Attach an additional sheet if necessary. It can be private insurance, group insurance (offered by an employer, an association, etc.) or insurance linked to a credit card, for example.

Insurance 1

_____	_____
Name of the insurer or credit card issuer providing the insurance, if applicable	Policy or identification number

_____	_____
First and last name of the customer who holds the insurance	Names of other insured persons, if applicable

The credit card number, if the insurance is provided by a credit card: _____, XXXX, XXXX, _____

Number of the claim filed with the insurer, if applicable: _____

Decision of the insurer

Claim accepted. Specify the amount received: _____

Claim denied

Awaiting a decision



Provide a document proving the decision of the insurer OR a declaration that steps have been taken with the insurer, but that no document proving its decision can be provided (*complete Appendix 1*).

Insurance 2

Name of the insurer or credit card issuer providing the insurance, if applicable		Policy or identification number
First and last name of the customer who holds the insurance	Names of other insured persons, if applicable	

The credit card number, if the insurance is provided by a credit card: _____, XXXX, XXXX, _____

Number of the claim filed with the insurer, if applicable: _____

Decision of the insurer

Claim accepted. Specify the amount received: _____

Claim denied

Awaiting a decision



Provide a document proving the decision of the insurer OR a declaration that steps have been taken with the insurer, but that no document proving its decision can be provided (*complete Appendix 1*).

8. Application for reimbursement from a credit card issuer

If one or more credit cards were used to pay for the services, provide the information requested regarding the reimbursement sought from the issuer. Attach an additional sheet if necessary.

Credit card 1

Name of the credit card issuer from which the reimbursement was requested	
Name of cardholder	_____, XXXX, XXXX, _____ Credit card number

Decision of the issuer

Application accepted. Specify the amount received: _____

Application rejected

Awaiting a decision



Provide a document proving the decision of the credit card issuer OR a declaration indicating that a reimbursement application has been filed but that no document proving the issuer's decision can be provided (*complete Appendix 1*).

Credit card 2

Name of the credit card issuer from which the reimbursement was requested

Name of cardholder

_____, XXXX, XXXX, _____
Credit card number

Decision of the issuer

Application accepted. Specify the amount received: _____

Application rejected

Awaiting a decision



Provide a document proving the decision of the credit card issuer OR a declaration indicating that a reimbursement application has been filed but that no document proving the issuer's decision can be provided (*complete Appendix 1*).

9. Other reimbursement

Provide the information requested if one or more customers listed in Section 2 obtained reimbursement from a source other than those previously indicated for the event that gave rise to this claim. Attach an additional sheet if necessary.

Reimbursement 1

Source of the reimbursement

Amount

Reimbursement 2

Source of the reimbursement

Amount

10. Documents to provide

In all cases, provide a copy of the following documents:

Tick if attached

- the **invoices and receipts issued by the travel agency** for the travel or services planned.
In the case of a tour package, include the itinerary if it does not appear on the invoices or receipts;
- **proof of payment of the invoice(s)**. E.g., statement from the credit card issuer, bank account statement, transaction receipt, front and back of cashed cheque, etc. Mention on an invoice or receipt issued by the travel agency indicating that the services were paid for does not constitute proof of payment;
- **a document proving the travel agency's decision regarding reimbursement OR a declaration** indicating that steps have been taken with the travel agency but that no document proving its decision can be provided (*complete Appendix 1*).

Depending on your situation, attach a copy of the following documents as well:

- if applicable, **proof of cancellation or interruption** of the travel or services;
- if applicable, **invoices and proof of payment** for expenses other than those paid to the travel agency (e.g., for meals, lodging or transportation);
- if transportation, such as a flight, was delayed, **proof of the delay** and/or the **ticket issued by the carrier**;
- if one or more of the customers listed in Section 2 hold or are covered by travel insurance, a **document proving the insurer's decision OR a declaration** indicating that steps have been taken with the insurer but that no document proving its decision can be provided (*complete Appendix 1*);
- if one or more credit cards were used to pay the travel agency for the services, a **document proving the credit card issuer's decision** regarding the reimbursement of the amounts paid OR a **declaration** indicating that steps have been taken with the issuer but that no document proving its decision can be provided (*complete Appendix 1*);
- if a reimbursement or travel credit has been obtained, **proof of the reimbursement or travel credit obtained**;
- any other relevant documents.

Note: The President of the Office de la protection du consommateur, the claims manager or the provisional administrator may request other documents from customers or the travel agency to complete this claim.

11. Attestation and consent

I confirm that the information contained in this claim is complete and accurate, and that I have declared all reimbursements that I have received.

I authorize the President of the Office de la protection du consommateur, the claims manager and the provisional administrator to communicate all information necessary for identifying my file to travel agencies, service providers and any other person, company, association or trust concerned by this claim, in order to collect all relevant information related to it. The information collected will be used to verify my eligibility for reimbursement and to determine the amount, if applicable, and to enable the President of the Office and the provisional administrator to assert their rights arising from this claim.

I authorize these travel agencies, service providers and any other person, company, association or trust to collect all information necessary for identifying my file and to communicate all relevant information related to this claim to the President of the Office, the claims manager and the provisional administrator.

I agree to remit to the President of the Office any reimbursement and the value of any credit accepted that was granted by a third party and is not indicated in this claim, regardless of the source and amount. I will make this remittance insofar as the reimbursement or credit is obtained for the same event and up to the amount that will be paid following this claim, if applicable.

If I am reimbursed an amount by the Compensation Fund for Customers of Travel Agents as a result of this claim, I assign and subrogate to the President of the Office my rights and remedies against anyone (including any person, company, association or trust against whom I may assert rights as the result of travel insurance or an open credit contract), up to all amounts that will be paid by this fund, if applicable.

Signature of the customer(s) listed in Section 2 who are 18 years of age or older

Signature 1

Signature	Date (YYYY-MM-DD)
First and last name (print)	

Signature 2

Signature	Date (YYYY-MM-DD)
First and last name (print)	

12. Submitting the claim

Please submit your claim in one of the following ways.

By using the secure online document submission service (opc.gouv.qc.ca/document)

By mail

Office de la protection du consommateur
Direction des permis et de l'indemnisation
400, boulevard Jean-Lesage, bureau 450
Québec (Québec) G1K 8W4

Appendix 1: Declaration concerning the steps taken for reimbursement

Complete a declaration for each step taken to obtain reimbursement from one of the following companies when it is not possible to provide a document proving the decision rendered:

- the travel agency;
- an insurer;
- the issuer of the credit card(s) used to pay for the services.

Declaration 1

Name of the travel agency, insurer or credit card issuer with which the steps were taken to obtain reimbursement

What type of steps did you take?

Application for reimbursement or formal written claim

Verification to find out if a reimbursement was possible (e.g., by phone)

Reasons why it is not possible to provide a document proving that the steps were taken:

I declare that I have taken the steps described above to obtain reimbursement.

Signature of the person who took the steps

Date (YYYY-MM-DD)

First and last name (print)

Declaration 2

Name of the travel agency, insurer or credit card issuer with which the steps were taken to obtain reimbursement

What type of steps did you take?

Application for reimbursement or formal written claim

Verification to find out if a reimbursement was possible (e.g., by phone)

Reasons why it is not possible to provide a document proving that the steps were taken:

I declare that I have taken the steps described above to obtain reimbursement.

Signature of the person who took the steps	Date (YYYY-MM-DD)
First and last name (print)	

Declaration 3

Name of travel agency, insurer or credit card issuer with which the steps were taken to obtain reimbursement
--

What type of steps did you take?

Application for reimbursement or formal written claim

Verification to find out if a reimbursement was possible (e.g., by phone)

Reasons why it is not possible to provide a document proving that the steps were taken:

--

I declare that I have taken the steps described above to obtain reimbursement.

Signature of the person who took the steps	Date (YYYY-MM-DD)
First and last name (print)	