

**Reserved for the Office or Provisional Administrator**

Claim number	Licence number	Date received (YYYY-MM-DD)
Examined by	Date (YYYY-MM-DD)	

**1. Information about the customer**

First name	Last name		
Address			
City			Postal code
Province	Country		
Email			
Telephone (day)	Ext.	Telephone (evening)	Ext.

**Other customer, if applicable**

First name	Last name
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**2. Information about the travel agency**

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

### 3. Information about the transaction

Date of invoice (YYYY-MM-DD)		Destination	
Amount paid	Amount claimed	Departure date (YYYY-MM-DD)	Return date (YYYY-MM-DD)
Invoice number or reservation number (if available)			

#### Payment method

Check and fill in all that apply.

##### Cash

Amount	Name of person to whom the payment was remitted	Date remitted (YYYY-MM-DD)
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##### Credit card

Amount	Credit card number	Expiration date (MM-YY)
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Name of credit card holder		
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Amount	Credit card number	Expiration date (MM-YY)
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Name of credit card holder		
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##### Cheque

Amount
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Other, specify:
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Amount
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If the travel agent was paid by credit card, the card holder authorizes the Office de la protection du consommateur and the Provisional Administrator to contact the credit card issuer to verify whether a partial or full reimbursement was made for this transaction.

Signature of credit card holder number 1	Date (YYYY-MM-DD)
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Signature of credit card holder number 2 (if applicable)	Date (YYYY-MM-DD)
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## 4. Documents to provide

The following documents must be attached to your claim:

Check (if attached)

- original invoice given to the customer by the travel agency;
- original receipt given to the customer by the travel agency (if different from invoice);
- proof of payment (bank account statement or statement from the credit card issuer, front and back of cashed cheque, credit card or debit card receipt);
- ticket issued to the passenger, if applicable;
- any other documents that you consider relevant;
- reply received if you filed a claim for reimbursement with a third party (credit card issuer, insurer, tourism service provider, etc.).

It is important to keep copies of your documents.

**Note:** You will not be able to receive a reimbursement if your claim application is incomplete.

The Office or Provisional Administrator may ask you or the travel agency for other documents to complete your claim.

## 5. Justification of your claim

Briefly explain what justifies your claim by specifying the tourist services involved and why you did not receive them. Add any other necessary details. (If you need more space, please attach an additional sheet).

## 6. Reimbursement by a third party

Do you hold travel insurance (credit card, group insurance, individual insurance or other)?

Yes No

If yes, please indicate the name of the insurer.

\_\_\_\_\_  
Name of insurer

Have you filed a claim for reimbursement for the same event with an insurer, another organization, a tourism service provider or any other person, including a credit card issuer?

Yes No

If yes, please provide the following information.

\_\_\_\_\_  
Name of organization or person

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Province Postal code

\_\_\_\_\_  
Telephone Ext. Email

Have you received a reimbursement (either full or partial)?

Yes, specify: \_\_\_\_\_  
Amount

No

If you receive a full or partial reimbursement at a later date, regardless of the source (insurance, credit card, travel agency, tourism service provider, etc.), you agree to return that amount to the Compensation Fund for Customers of Travel Agents or the Provisional Administrator, without delay.

Yes, I agree

The customer authorizes the Office de la protection du consommateur and the Provisional Administrator to verify with the third party (credit card issuer, group or individual insurer, other organization or other person mentioned above) whether a partial or full reimbursement has been made for this transaction.

\_\_\_\_\_  
Signature of customer number 1 who has filed a claim for reimbursement Date (YYYY-MM-DD)

\_\_\_\_\_  
Signature of customer number 2 who has filed a claim for reimbursement (if applicable) Date (YYYY-MM-DD)

## 7. Consent

For the purpose of settling this claim, I hereby authorize the Office de la protection du consommateur and the Provisional Administrator to collect from my travel agent, tourism service providers or any third party from whom I may receive compensation or a reimbursement in connection with the same event (i.e. travel insurance with a credit card, group insurance, individual insurance or other) any information concerning me that is relevant to the processing of this claim, and to communicate to the above-mentioned parties any information that is relevant to the determination of any amounts that may be payable to me by said parties.

\_\_\_\_\_  
Signature of customer number 1 who has filed a claim for reimbursement

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Signature of customer number 2 who has filed a claim for reimbursement (if applicable)

\_\_\_\_\_  
Date (YYYY-MM-DD)

## 8. Signature

### To be completed by claimant number 1

I, the undersigned, \_\_\_\_\_, \_\_\_\_\_,  
Full name Profession

domiciled and residing at \_\_\_\_\_,  
Address

declare that the information on this form and in the supporting documents is true and accurate.

\_\_\_\_\_  
Signature of claimant number 1

\_\_\_\_\_  
Date (YYYY-MM-DD)

### To be completed by claimant number 2 (if applicable)

I, the undersigned, \_\_\_\_\_, \_\_\_\_\_,  
Full name Profession

domiciled and residing at \_\_\_\_\_,  
Address

declare that the information on this form and in the supporting documents is true and accurate.

\_\_\_\_\_  
Signature of claimant number 2

\_\_\_\_\_  
Date (YYYY-MM-DD)

## 9. Submitting the claim

Please submit your claim by mail or online, through our Secure Document Submission service.

### Online:

[pes.opc.gouv.qc.ca/indemnisation?lang=en](https://pes.opc.gouv.qc.ca/indemnisation?lang=en)

### By mail:

Office de la protection du consommateur  
Direction des permis et de l'indemnisation  
400, boul. Jean-Lesage, suite 450  
Quebec (Qc) G1K 8W4