

Group Travel Cancellation Request

Policy Details

Policy Number

Enter policy number

Insurance Provider

Enter provider name

Trip Information

Destination

Destination

Travel Dates

Start and end dates

Booking Reference/Number

Booking reference

Group Members

Name	Date of Birth	Passport Number
Name	YYYY-MM-DD	Passport No.
Name	YYYY-MM-DD	Passport No.
Name	YYYY-MM-DD	Passport No.

Reason for Cancellation

Please describe the reason for cancellation:

Describe your reason here

Declaration



I declare that all information provided above is true and correct to the best of my knowledge.

Date

Signature (typed full name)

Your full name