

# 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
<div>Name</div>	<div>YYYY-MM-DD</div>	<div>Passport No.</div>
<div>Name</div>	<div>YYYY-MM-DD</div>	<div>Passport No.</div>
<div>Name</div>	<div>YYYY-MM-DD</div>	<div>Passport No.</div>

## 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)