

**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 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:

- 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.

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).



## 7. Signature and oath

All individuals who made one or more transactions for tourist services on this claim must complete this section in the presence of a Commissioner for Oaths. You can find a commissioner by consulting the following website:

[www.assermentation.justice.gouv.qc.ca](http://www.assermentation.justice.gouv.qc.ca).

### To be completed by claimant number 1

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

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

do solemnly affirm that everything stated in this document is true.

\_\_\_\_\_  
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

do solemnly affirm that everything stated in this document is true.

\_\_\_\_\_  
Signature of claimant number 2 Date (YYYY-MM-DD)

### To be completed by the Commissioner for Oaths

Solemnly affirmed before me at \_\_\_\_\_, on \_\_\_\_\_.  
Municipality Date (YYYY-MM-DD)

\_\_\_\_\_  
Signature of the Commissioner for Oaths

\_\_\_\_\_  
Commissioner's identification number

## 8. Submitting the claim

Please submit your claim to the following address:

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