RYANAIR FLIGHT CANCELLATION CONFIRMATION - INSURANCE PURPOSES

Passengers affected by a flight cancellation should complete the below form and send to:
By Post: Customer Service Department, PO Box 11451, Swords, Co Dublin, Ireland.

Upon receipt of your completed form the flight cancellation will be verified and this form will be stamped and sent to you at the below postal address.

BOOKING REFERENCE: _________________

NAME OF LEAD INSURED AND POSTAL ADDRESS:
_________________________________________
_________________________________________
_________________________________________

PASSENGER NAMES OF ALL PASSENGERS REQUIRING AN INSURANCE LETTER
_________________________________________
_________________________________________
_________________________________________

CANCELLED FLIGHT NUMBER: FR _____ DATE: _____
FROM ________ TO ________

SCHEDULED DEPARTURE TIME: _____ ACTUAL DEPARTURE TIME: _____

Please tick where applicable
A) RECEIVED A REFUND
B) MADE ALTERNATIVE TRANSPORT ARRANGEMENTS
C) TRAVELLED ON THE NEXT AVAILABLE RYANAIR FLIGHT

IF YOU CHOSE OPTION (C) please complete the below:

NEW FLIGHT NUMBER: _________ DATE: _________
FROM ______________ TO ____________

IF APPLICABLE - NEW BOOKING REFERENCE ___________________________________________
___________________________________________________________

(For Ryanair use only)
This is to confirm that the above flight information has been verified by Ryanair and we confirm the data provided is accurate.
Signed and stamped by: _______________________________________ Ryanair Customer Service Agent
Date:     /   /