



Avian Influenza- Tourism Support Form

CONTACT INFORMATION

Name of Claimant
(Individual/Business)

Address

Phone

Email

CANCELLATION DETAILS

Dates of FIG-declared restrictions
(dd/mm/yyyy- dd/mm/yyyy):

Affected Location:

Dates of affected tours/ bookings (dd/mm/yyyy):

Has the cancellation occurred as a direct result of FIG-imposed restrictions?

No

Yes

If yes, provide evidence to support this (cancelled bookings/tours/shifts, loss of sales, etc).

TOTAL INCOME LOST

Please provide details of income lost

Total amount lost

Landing/ Entry fees

Accommodation bookings

Tour bookings

Other (please specify) _____

Were you able to recover any payment using existing refund policies?

If yes, please state total funds recovered and attach evidence to support this

No

Yes

I confirm that the information disclosed above is accurate to the best of my knowledge, and I understand that FIG will reserve the right to audit applications to ensure compliance with the terms and conditions.

Full name:

Signature:

Date

If you have further queries regarding your application, please contact the Falkland Islands Tourist Board by Email: financialcontroller@falklandislands.com or Telephone: 22215