

LETTER OF AUTHORITY FORM



You can change or cancel this authority at any time by contacting us on 0203 540 8063.

I, :
**please note: this section must be completed with the details of the additional passenger*

Name:	Signature:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration:

- Authorise the Authorised Person to act on my behalf in relation to my complaint.
- Understand that any information given to the Authorised Person will be deemed to have been given to me.
- Give permission to the Authorised Person to discuss all aspects of my complaint on my behalf.
- Will confirm the Authorised Person is entitled to accept any remedy or award provided, if appropriate.
- Confirm the Authorised Person will receive, if appropriate, the full payment of compensation and they shall then be responsible for distributing the payment accordingly.

Authorised Person:

**please note: this section must be completed with the details of the person that has lodged the complaint with AviationADR
this Authorised Person may be a friend, relative or a lead passenger who is booked under the same booking reference

AviationADR case ID:

Title:	First name:	Last name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Full postal address:

Email address:	Telephone number:	Alternate telephone number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Flight Details

Airline name :

Flight number :

Booking reference :

Date of flight :