

## **REQUEST FOR SEAT TRANSFER**

(Please fill with block letters)

| l, _ |                       |            |                     |          |             |                  |           |        |                  |  |  |
|------|-----------------------|------------|---------------------|----------|-------------|------------------|-----------|--------|------------------|--|--|
|      | , owner of the ID num |            |                     |          |             | ber              |           |        | _ hereby request |  |  |
| the  | "PAS                  | SSENGER    | REPLACEMENT"        | on th    | e locator   | number           | for       | the    | trip:            |  |  |
|      |                       |            |                     |          | ·           | I declare be awa | re of the | clause | es 5.4           |  |  |
| and  | 5.5 or                | n the "Ger | neral Conditions" c | n the Co | ntract of T | ourism Services. |           |        |                  |  |  |
| PAS: | SENG                  | ER TO BE   | REMOVED FROM        | THE CON  | TRACT       |                  |           |        |                  |  |  |
| Naı  | me:                   |            |                     |          |             |                  |           |        |                  |  |  |
| ID:  |                       |            |                     |          |             |                  |           |        |                  |  |  |
| Naı  | me:                   |            |                     |          |             |                  |           |        |                  |  |  |
| ID:  |                       |            |                     |          |             |                  |           |        |                  |  |  |
| PASS | SENG                  | ER TO BE   | ADDED ON THE CO     | ONTRAC   | -           |                  |           |        |                  |  |  |
|      | me:                   |            |                     |          | <u> </u>    |                  |           |        |                  |  |  |
| ID:  |                       |            |                     |          | PASSPO      | RT::             |           |        |                  |  |  |
| D.C  | ).B:                  |            |                     |          | Mobile      | Number:          |           |        |                  |  |  |
| E-m  | nail:                 |            |                     |          | _           |                  |           |        |                  |  |  |
| Nar  | <b></b>               |            |                     |          |             |                  |           |        |                  |  |  |
| Nar  | ne:                   |            |                     |          | DASSDO      | DT               |           |        |                  |  |  |
| ID:  |                       |            |                     |          | PASSPO      |                  |           |        |                  |  |  |
| D.C  |                       |            |                     |          | Mobile      | Number:          |           |        |                  |  |  |
| E-m  | nail:                 |            |                     |          |             |                  |           |        |                  |  |  |
|      |                       |            |                     |          |             |                  |           |        |                  |  |  |
|      |                       | Dla        | ce and Date         |          |             | Signatur         | ro.       |        |                  |  |  |

<sup>\*</sup> Send this document digitalized to the e-mail -  $\underline{booking@amp-travels.com}$