



SKYGREECE AIRLINES S.A.

TEMPORARY CESSATION OF OPERATIONS

Dear Claimant,

Attached is a Customer Claim Form. **The claim must be completed by only ONE consumer or passenger who made payment for the travel services, which were not provided.** Your attention is drawn to page 6 section 6, which indicates the **ORIGINAL** documentation required in order to process your claim, and section 7, which explains the affidavit of Customer Claimant on pages 8 and 9.

Please ensure that **ALL** sections of the claim have been completed **IN FULL** and all applicable pages are dated and signed. Pages 6, 7, 8 and 9 must be completed by only **one claimant** in the case where more than one person is travelling or in the case of a joint chequing or credit card account.

Receipt of your ORIGINAL claim form by TICO will be acknowledged in writing. Please contact TICO should you not receive an acknowledgement letter within two weeks of submitting your claim.

Please be advised that the legislation requires claimants to exhaust all other possible remedies for reimbursement as part of the claims process. Therefore claimants who paid by credit card for the travel services not provided are required to contact their credit card company and dispute the charge and request a chargeback (credit / reversal of the charge on their account). If, for some reason, your credit card company refuses to provide you with a credit refund, you will be required to obtain a letter from the credit card company stating that a credit refund will not be provided. The letter from the credit card company will be required to be submitted with your claim against the Compensation Fund.

Please note that the Compensation Fund reimburses consumers for the original travel services paid for **to an Ontario registered travel agency** and not provided. **There is no provision in the Regulation for TICO's Board of Directors to reimburse consumers for the cost of alternate / replacement travel services purchased.**

Once your claim has been processed, it will be presented to TICO's Board of Directors who shall determine if the claim is eligible for reimbursement.

Please note that there is a 6-month filing deadline from the date that SkyGreece Airlines S.A. temporarily ceased operations. **Please note the filing deadline date on the cover page of your claim form.** Claims received at TICO beyond the filing deadline date will not be valid.

Therefore, it is important to submit your claim immediately. Should you not be able to obtain all the documentation required in order to substantiate your claim in a timely manner, please submit your claim as is and send the additional documentation when it is obtained.



CLAIM NO:

STANDARD CUSTOMER CLAIM FORM

AMOUNT OF CLAIM \$ _____

(DO NOT INCLUDE INSURANCE PREMIUMS AS THE COMPENSATION FUND DOES NOT COVER)
(PLEASE NOTE THE LEGISLATED MAXIMUM AMOUNT THAT MAY BE PAID TO A CUSTOMER IS \$5,000.00 PER PERSON)

1. CLAIMANT:

Form fields for claimant information: FIRST NAME, LAST NAME, ADDRESS, APT/SUITE, CITY, PROVINCE, POSTAL CODE, TELEPHONE: HOME, BUSINESS/CELL, EMAIL ADDRESS

2. CLAIM AGAINST: SKYGREECE AIRLINES S.A.

Form fields for claim against: NAME, ADDRESS, SUITE, CITY, PROVINCE, POSTAL CODE

FILING DEADLINE DATE: MONDAY FEBRUARY 29, 2016

A CUSTOMER OR A REGISTRANT MAY MAKE A CLAIM IN WRITING TO THE BOARD OF DIRECTORS WITHIN SIX MONTHS AFTER THE RELEVANT REGISTRANT BECOMES BANKRUPT OR INSOLVENT OR CEASES TO CARRY ON BUSINESS. A CLAIM MADE AFTER THE FILING DEADLINE DATE IS NOT ELIGIBLE. PLEASE NOTE THE FILING DEADLINE DATE ABOVE.

RECEIPT OF YOUR ORIGINAL CLAIM FORM WILL BE ACKNOWLEDGED IN WRITING. PLEASE CONTACT THE TRAVEL INDUSTRY COUNCIL OF ONTARIO SHOULD YOU NOT RECEIVE AN ACKNOWLEDGMENT WITHIN TWO WEEKS OF SUBMITTING YOUR CLAIM.

3. ORIGINAL TRAVEL SERVICES PURCHASED

a) NAME OF ONTARIO TRAVEL AGENT (AGENCY) FROM WHICH TRAVEL SERVICES WERE PURCHASED:

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b) TRAVEL INFORMATION

DEPARTURE DATE	RETURN DATE	PLACE OF ORIGIN	DESTINATION

NUMBER OF PEOPLE TRAVELLING:		
NAMES OF PASSENGERS:	FIRST	LAST

c) IF APPLICABLE, INDICATE NAME OF ANY OTHER SUPPLIER OF TRAVEL SERVICES:

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d) DID YOU RECEIVE A RECEIPT(S) IN EXCHANGE FOR YOUR PAYMENT(S)?

YES _____ NO _____

e) ARE YOU IN POSSESSION OF TICKETS, VOUCHERS OR TRAVEL DOCUMENTS, WHICH CANNOT BE USED?

YES _____ NO _____

f) PAYMENT INFORMATION FOR ORIGINAL TRAVEL SERVICES PURCHASED

PAYMENT NUMBER	1	2	3	4	5
AMOUNT OF PAYMENT					
DATE OF PAYMENT					
METHOD OF PAYMENT (Cheque/Cash/Credit Card)					

g) BRIEFLY DESCRIBE THE TRAVEL SERVICES CONTRACTED FOR: (AIR ONLY, AIR & LAND PACKAGE, CRUISE, ACCOMMODATION, CAR RENTAL ETC.)

h) WAS TRAVEL INSURANCE PURCHASED?

YES _____ NO _____

IF NO, PROCEED TO (I)

i) WHAT IS THE NAME OF THE INSURANCE COMPANY? _____

PREMIUM PAID? \$ _____ DATE PAID? _____

POLICY NUMBER: _____

j) HAVE YOU FILED A CLAIM WITH THE INSURANCE COMPANY?

YES _____ NO _____

IF YES, WHEN WAS IT FILED? _____

IF NO, PLEASE ADVISE WHY A CLAIM WAS NOT FILED _____

k) DID YOU RECEIVE A REIMBURSEMENT FROM THE INSURANCE COMPANY?

YES _____ NO _____

IF YES, HOW MUCH DID YOU RECEIVE \$ _____

l) HAVE YOU FILED A CLAIM WITH THE TRUSTEE IN BANKRUPTCY IF ONE HAS BEEN APPOINTED?

YES _____ NO _____ IF YES, WHEN WAS IT FILED? _____

TRUSTEE CLAIM NO: _____

IF NO, PLEASE ADVISE WHY A CLAIM WAS NOT FILED _____

NAME OF TRUSTEE IN BANKRUPTCY _____

ADDRESS _____

m) IF PAID BY CREDIT CARD, HAVE YOU REQUESTED A REVERSAL OF YOUR CHARGE(S) FROM THE CREDIT CARD COMPANY?

YES _____ NO _____ (IF NO, SEE PAGE 6 – SECTION 6 (F))

4. ALTERNATE TRAVEL SERVICES PURCHASED

a) DID YOU PURCHASE **ALTERNATE (NEW) TRAVEL SERVICES** IN ORDER TO CONTINUE WITH YOUR TRAVEL PLANS?

YES _____ NO _____ (IF NO PROCEED TO #5)

b) NAME OF COMPANY TO WHICH PAYMENT WAS MADE FOR THE ALTERNATE (NEW) TRAVEL SERVICES:

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c) WHAT AMOUNT WAS REQUIRED AS PAYMENT FOR THE ALTERNATE (NEW) TRAVEL SERVICES PURCHASED?

AMOUNT OF PAYMENT	DATE OF PAYMENT	METHOD OF PAYMENT (Cheque, cash, credit card)

d) IF THE TRAVEL SERVICES WERE THE SAME AS QUESTION #3, CHECK HERE _____ OR PROVIDE THE FOLLOWING DETAILS:

e) ALTERNATE TRAVEL INFORMATION

DEPARTURE DATE	RETURN DATE	PLACE OF ORIGIN	DESTINATION

NUMBER OF PEOPLE TRAVELLING:		
NAMES OF PASSENGERS:	FIRST	LAST

IF APPLICABLE, INDICATE NAME OF ANY OTHER SUPPLIER OF TRAVEL SERVICES:

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6. REQUIRED DOCUMENTATION TO BE SUBMITTED WITH CLAIM:

THE FOLLOWING ORIGINAL DOCUMENTS MUST BE SUBMITTED IN SUPPORT OF YOUR CLAIM; PHOTOCOPIES ARE NOT ACCEPTABLE:

- a) RECEIPT(S) AND INVOICE(S) ISSUED BY TRAVEL AGENT
- b) ORIGINAL CHEQUE(S) IN PAYMENT TO TRAVEL AGENT
(ORIGINAL OR PHOTOCOPY OF FRONT AND BACK STAMPED "CERTIFIED & TRUE" BY YOUR BANK)
- c) IF PAID BY CREDIT CARD, YOUR MONTHLY STATEMENT INDICATING THE CHARGE(S) MUST BE SUBMITTED
- d) IF APPLICABLE, WRITTEN PROOF OF REFUSAL BY THE INSURANCE COMPANY TO PROVIDE REIMBURSEMENT
- e) IF APPLICABLE, WRITTEN PROOF OF REFUSAL OR REIMBURSEMENT BY THE TRUSTEE IN BANKRUPTCY
- f) WRITTEN PROOF OF REFUSAL BY THE CREDIT CARD COMPANY TO PROVIDE REIMBURSEMENT. PLEASE NOTE: ALL CLAIMANTS WHO PAID BY CREDIT CARD FOR THE ORIGINAL TRAVEL SERVICES NOT PROVIDED ARE REQUIRED TO CONTACT THEIR CREDIT CARD COMPANY TO DISPUTE THE CHARGE AND REQUEST A CHARGEBACK (CREDIT / REVERSAL OF CHARGE) ON THEIR ACCOUNT. IF DENIED, WRITTEN PROOF OF REFUSAL FROM THE CREDIT CARD COMPANY MUST BE SUBMITTED IN SUPPORT OF YOUR CLAIM
- g) IF ANY PAYMENTS HAVE BEEN DUPLICATED, OR IF ALTERNATE (NEW) TRAVEL SERVICES WERE PURCHASED, PLEASE SUBSTANTIATE AS PER a), b) AND c) ABOVE
- h) AIRLINE'S/CRUISE LINE'S/WHOLESALER'S INVOICE TO TRAVEL AGENT (YOUR TRAVEL AGENT MUST SUPPLY)
- i) TRAVEL AGENT'S ORIGINAL PAYMENT TO AIRLINE/CRUISE LINE/TRAVEL WHOLESALER (YOUR TRAVEL AGENT MUST SUPPLY, IF APPLICABLE) **(IF PAID BY CHEQUE ORIGINAL OR PHOTOCOPY OF FRONT AND BACK STAMPED "CERTIFIED & TRUE" BY THE TRAVEL AGENT'S BANK)**
- j) ALL UNUSED TICKETS, VOUCHERS OR TRAVEL DOCUMENTS

7. PLEASE ENSURE THE FOLLOWING HAS BEEN COMPLETED:

- a) PAGE 6 MUST BE SIGNED AND DATED BY CLAIMANT
- b) SUBROGATION FORM ON PAGE 7 MUST BE SIGNED AND DATED BY CLAIMANT
- c) **PAGES 8 AND 9 IS THE SWORN AFFIDAVIT OF THE CLAIMANT AND REQUIRES AN OATH TO BE SWORN OR AN AFFIRMATION TO BE MADE BEFORE A COMMISSIONER OF OATHS, NOTARY PUBLIC OR A LAWYER. FULL DETAILS MUST BE LEGIBLE INCLUDING PRINTED NAME OF COMMISSIONER OF OATHS, NOTARY PUBLIC OR LAWYER, DATE OF EXPIRY OF COMMISSION (FOR COMMISSIONER OF OATHS ONLY), FULL ADDRESS AND TELEPHONE NUMBER OF THE PERSON TAKING YOUR AFFIDAVIT.**

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS CLAIM AND IN ALL DOCUMENTS ACCOMPANYING THIS CLAIM IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT.

DATE

SIGNATURE OF CLAIMANT

RELEASE AND SUBROGATION FORM

In consideration of the payment or partial payment of the claim of the undersigned by The Travel Industry Council of Ontario ("TICO"), the undersigned claimant hereby discharges and forever releases TICO from all further claims, demands and liability, loss and damage in relation to the claim. Provided, however, that this release shall, in the event of partial payment of the claim of the undersigned, be applicable only to the extent of the claim of the undersigned actually paid.

TICO is hereby subrogated in the place of, and to all rights to recovery, claims and demands of the undersigned against any person or organization, including but not limited to, **SkyGreece Airlines S.A.** which includes its subsidiaries, parent companies, successors, agents and assigns any party claiming through them to the extent of the payment made. The undersigned further authorizes TICO to commence any action and/or proceeding, compromise, adjust or settle any action and/or proceeding in the name of the undersigned or otherwise at the expense of TICO, with respect to the claim to the extent of any payment made by TICO with respect to the claim. Where only a portion of the undersigned's claim has been paid by TICO, it is hereby authorized to act as the undersigned's agent with respect to the balance of the claim of the undersigned and in that regard, is empowered to commence any action or proceeding, compromise, adjust or settle any action and/or proceeding in the name of the undersigned or otherwise at the expense of TICO, including the giving of releases in the name of the undersigned for such part of the undersigned's claim not subrogated herein. Any monies recovered by TICO or on its behalf shall be applied firstly towards the costs incurred in recovering the said monies and secondly towards that portion of the claim paid by TICO and the balance, if any, shall be remitted by TICO to the undersigned.

It is understood and agreed that in the event a further payment is received by the undersigned from TICO, this Release and Subrogation shall apply to such further payment without re-execution of this document.

The undersigned hereby confirms that it has not received payment or reimbursement of the said claim from any other source and that the undersigned has not released or discharged the said claim, or any part thereof, against any other person or corporation and covenants that it will furnish TICO with all papers and information in its possession and execute such documents and do everything in its power necessary for proper litigation of the said claim. In the event that the undersigned receives any payment or reimbursement of the said claim from any other source subsequent to the date hereof, the undersigned agrees to immediately advise TICO of such payment or reimbursement and immediately remit such payment and/or reimbursement to TICO.

IN WITNESS WHEREOF the undersigned hereby executes this document dated

THE _____ DAY OF _____ 20_____

Printed Name of Claimant

Signature of Claimant

Claimant's Address

Printed Name of Witness

Signature of Witness

IF THE TRAVEL INDUSTRY COUNCIL OF ONTARIO FAILS TO MAKE PAYMENT OF THE CLAIM, THIS DOCUMENT IS NULL AND VOID

AFFIDAVIT OF CUSTOMER CLAIMANT

IN THE MATTER OF A CLAIM FOR REFUND FROM THE TRAVEL INDUSTRY COUNCIL OF ONTARIO UNDER THE *TRAVEL INDUSTRY ACT, 2002*, S.O. 2002, CHAPTER 30 SCHEDULE D AS AMENDED AND THE REGULATIONS THERETO:

I, _____ OF THE _____
NAME OF CLAIMANT CITY/TOWN, ETC.

OF _____ IN THE _____
NAME OF CITY/TOWN, ETC. COUNTY / DISTRICT / REGIONAL MUNICIPALITY

OF _____ **MAKE OATH AND SAY AS FOLLOWS:**
NAME OF COUNTY / DISTRICT / REGIONAL MUNICIPALITY

1. THAT I AM THE CLAIMANT IN THIS MATTER AND AS SUCH HAVE PERSONAL KNOWLEDGE OF THE MATTERS HEREINAFTER SWORN TO.

2. THAT ON THE _____ DAY OF _____, 20_____, I AGREED

WITH _____ TO PURCHASE THROUGH
(NAME OF TRAVEL AGENCY)

_____ TRAVEL SERVICES WHICH WERE TO
(NAME OF SUPPLIER OF TRAVEL SERVICES)

CONSIST OF _____

(GIVE BRIEF DESCRIPTION OF TRAVEL SERVICES CONTRACTED FOR)

3. THAT ON THE _____ DAY OF _____, 20_____, I PAID

TO _____ BY WAY OF CASH, CHEQUE OR CREDIT CARD,
(NAME OF TRAVEL AGENCY)

(INDICATE WHICH), THE SUM OF _____ WHICH AMOUNT REPRESENTED THE **DEPOSIT** ON THE PURCHASE PRICE OF THE TRAVEL SERVICES. ATTACHED HERETO AND MARKED EXHIBIT "A" TO THIS MY AFFIDAVIT IS THE RECEIPT, CANCELLED CHEQUE OR CREDIT CARD VOUCHER GIVEN TO ME BY _____

(NAME OF TRAVEL AGENCY)

DATED THE _____ DAY OF _____, 20_____, RESPECTING THIS PAYMENT.

4. THAT ON THE _____ DAY OF _____, 20_____, I PAID

TO _____ BY WAY OF CASH, CHEQUE OR CREDIT CARD,
(NAME OF TRAVEL AGENCY)

(INDICATE WHICH), THE SUM OF _____ WHICH AMOUNT REPRESENTED THE **BALANCE** OF THE PURCHASE PRICE OF THE TRAVEL SERVICES. ATTACHED HERETO AND MARKED EXHIBIT "B" TO THIS MY AFFIDAVIT IS THE RECEIPT, CANCELLED CHEQUE OR CREDIT CARD VOUCHER GIVEN TO ME BY _____

(NAME OF TRAVEL AGENCY)

DATED THE _____ DAY OF _____, 20_____, RESPECTING THIS PAYMENT.

5. THE INFORMATION CONTAINED IN THE ATTACHED CLAIM FORM AND IN THE DOCUMENTS ATTACHED THERETO IS TRUE AND COMPLETE IN EVERY RESPECT. THIS AFFIDAVIT IS MADE IN SUPPORT OF MY CLAIM FROM THE TRAVEL INDUSTRY COUNCIL OF ONTARIO.

I UNDERSTAND AND ACKNOWLEDGE THAT THE MAKING OF A FALSE STATEMENT UNDER OATH OR SOLEMN AFFIRMATION, SUCH AS THIS AFFIDAVIT, OR STATUTORY DECLARATION, MAY BE AN OFFENCE UNDER SECTION 131 OF THE CRIMINAL CODE OF CANADA, R.S.C. 1985, C. C-46, AND MAY DISENTITLE ME FROM COMPENSATION.

SWORN BEFORE ME AT THE _____ OF _____ }
IN THE _____ OF _____ }
THIS _____ DAY OF _____ A.D. 20 _____ }
SIGNATURE OF CLAIMANT _____

A Commissioner, etc.

Signature of Official Taking the Affidavit

Name of Official (Print)

Address of Official Taking the Affidavit

Telephone Number of Official

Stamp or Seal of Official

PLEASE NOTE: THIS IS THE SWORN AFFIDAVIT OF THE CLAIMANT AND REQUIRES AN OATH TO BE SWORN OR AN AFFIRMATION TO BE MADE BEFORE A COMMISSIONER OF OATHS, NOTARY PUBLIC OR A LAWYER. FULL DETAILS MUST BE LEGIBLE INCLUDING PRINTED NAME OF COMMISSIONER OF OATHS, NOTARY PUBLIC OR LAWYER, DATE OF EXPIRY OF COMMISSION (FOR COMMISSIONER OF OATHS ONLY), ADDRESS AND TELEPHONE NUMBER OF THE PERSON TAKING YOUR AFFIDAVIT.