

Registration of passengers claims against SkyWork Airlines AG

Creditor

Name/first name/
company name

Address

ZIP, city, country

Tel. n°

E-Mail

Booking reference
(ex. : A07Y4O)

Flight number(s)
(ex. : SX418)

Departure date

Return date

Flight itinerary

All passengers with the same booking reference (please fill in one claim registration form per booking reference):

Name:

First name:

E-ticket number

1) _____

2) _____

3) _____

4) _____

5) _____

Representative (please attach a power of attorney)

Name/first name/
company name

Address

ZIP, city, country

Tel. n°

E-Mail

With which **payment method** did you pay for your flight tickets?

(please tick the appropriate box)

- Cash payment
- Credit card
- Postal / bank transfer
- WIR currency
- Other _____

Basis of claims	Amount (CHF)	Class*
Total claims		

* This field will be completed by the Bankruptcy Office.

- Remarks:**
- **The flight ticket (e-ticket) as well as other means of proof (contractual documentation, invoices, receipts, etc.) must be produced in copy.**
 - Interest on the registered claims (except those already secured by pledge) can only be allowed up to the bankruptcy openings – 6 September 2018.
 - Amounts denominated in foreign currencies must be converted into Swiss francs at the following exchange rates prevailing on 6 September 2018 (Source: www.fxtop.com) :
 - EUR/CHF = 1.13
 - GBP/CHF = 1.26
 - USD/CHF = 0.97

- Creditors must indicate their name and address. Anonymous claim registrations cannot be taken into consideration.
- If a creditor is represented by a third party, the latter must present a written power of attorney.
- The claim registration must be sent no later than **28 February 2019** (post-mark date) to the following address:

**Konkursamt Bern-Mittelland, Dienststelle Mittelland,
Poststrasse 25, 3071 Ostermundigen**

Annexes: - _____
- _____
- _____
- _____

With my signature, I hereby confirm that I have not already received compensation from a (travel) insurance company or a third party (e. g. reimbursement of the ticket price by a credit card company) for the claims I have registered hereunder. I understand that false or incomplete information on this subject may lead to the loss of any claims and may be punishable by law.

Place, date

Signature of the creditor or his representative