FROM

TO **EUROCONTROL**
Central Route Charges Office
Customer Relations Section
Rue de la Fusée, 96
B - 1130 BRUSSELS (Belgium)

Fax: +32.2.729.90.93
E-Mail: r3.crco@eurocontrol.int

REF

DATE

SUBJECT **CLAIM AGAINST CHARGES LEVIED ON BEHALF OF :**

Check box : [ ]

- ☐ BELARUS
- ☐ EGYPT
- ☐ LATVIA
- ☐ UKRAINE
- ☐ MOROCCO
- ☐ UZBEKISTAN
- ☐ SHANWICK COMMUNICATION

FLIGHT PERIOD Y Y M M

BILL REF. . . / . . . . . / . . . . / . .

Dated :

FLIGHT DATE	PRO-FORMA	FLIGHT	ROUTE/COMM.	TERMINAL	CLAIM	CORRECT DATA
	LINE NR.	IDENT.	CHARGE (US$/Eur)	CHARGE (US$/Eur)	CODE(*)	REMARKS
1	2	3	4	5	6	7
Total						

Name:

Signature:

Telephone:

Telefax:

E-mail:

* Claim Codes :

10 = Cancelled Flight
11 = Unknown Flight
12 = Incorrect A/C Type (Specify in Col.7correct A/C type)
13 = Incorrect Dep. Airport/Entry Point
14 = Incorrect Arr. Airport/Exit Point
15 = VFR Flight
16 = Training Flight
18 = Other exemptions (Specify in Col.7)
40 = Duplication (Indicate in Col.7 the line Nr. of duplicated flight)
61 = A/C sold/change Liability (specify)
62 = Change of Weight Coeff. (specify)
99 = Other (Specify in Col. 7)