Spett.le

Fax Nr.: 0039 02 30 200 401

E-mail: international.booking@valtur.it

VALTUR S.p.A. a socio unico

Via XX Settembre 98/G

00187 Roma

<u>OBJECT: Insurance Discharge</u>

Ref Booking _____

The Customers _____(_____), declare to renounce to the insurance offered by Valtur S.p.A.

*Customers*_____;_____;_____;_____;_____

*Land to*_____

From _____*to*_____

Customers waive to invoke the guarantees offered by Valtur insurance, during the journey, both before and after. They discharge from liability Valtur S.p.A and waive any objection or request for refund too.

Date_____

TO DEAL

CUSTOMERS	SIGNATURE