|  |  |
| --- | --- |
| FROM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name Surname)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(identification code or date of birth)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(address) | TO: HS APARTMENTS Ltd,Smilsu Str. 3, Riga, LV-1050 Latvia |

**REFUND Application**

**FOR ACCOMMODATION FEE**

I hereby declare that I wish to cancel my accommodation in HS APARTMENTS.

Please refund my RESERVATION/ACCOMMODATION fee/s to my account as indicated below:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| Name, Surname: |  |
| Account number (IBAN): |  |
| Address: |  |
| Country: |  |
| Name of the bank and address: |  |
| SWIFT code: |  |

 |  |

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Signature of GUEST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(SURNAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby grant toHS APARTMENTS Ltd my irrevocable consent to return the funds I paid instead of GUEST to THE ACCOUNT ABOVE:

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Signature of PAYEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOLOWING RULES to REFUND APPLICATION APPLY.**

1. THE ORIGINAL OF THIS REFUND APPLICATION along with the bank statement of the payments made **MUST BE SENT by POST** to the following address: **HS APARTMENTS Ltd.** Smilsu Str. 3 Riga, LV-1050, Latvia.
2. If ANY THIRD PERSON made initial payment to HS APARTMENTS **instead** of THE GUEST, PERSON WHO MADE ORIGINAL PAYMENT (**PAYEE**) SHOULD SIGN THIS REFUND FORM.
3. WITHOUT SIGNATURE OF PERSON WHO MADE ORIGINAL PAYMENT THIS REFUND FORM IS NOT VALID, WILL NOT BE ACCEPTED AND NO DECISION REGARDING REFUND WILL BE TAKEN.

I confirm that I have read and understood the CANCELATION and REFUND POLICY at HS APARTMENTS:

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Signature of GUEST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Signature of PAYEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_