

COMPLAINT FORM

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DETAILS OF THE COMPLAINING PARTY

Name:	Surname:	
Name of entity (if not an individual):		
Address:		
Postal code:	City:	Country:
E-mail:		
Phone (optional):		

USER DETAILS (IF DIFFERENT FROM THE COMPLAINING PARTY) AND ANY OTHER PASSENGERS

Name:	Surname:
Name:	Surname:
Name:	Surname:
Name:	Surname:

VOYAGE DETAILS

Booking code/ticket number:	
Port/terminal of departure:	Port/terminal of arrival:
Scheduled departure time:	date (dd/mm/yy):
Actual departure time (if other than the scheduled time):	date (dd/mm/yy):
Scheduled arrival time:	date (dd/mm/yy):
Actual arrival time (if other than the scheduled time):	date (dd/mm/yy):

REASON FOR COMPLAINT. PLEASE TICK THE BOX NEXT TO THE RELEVANT ITEMS

- Ticket issue / contractual conditions or price discrimination
- Rights of disabled persons and people with reduced mobility
- Information in the event of cancelled or delayed departures
- Information on the voyage
- Information on passenger rights
- Alternative transport or refund in the event of cancelled or delayed departures
- Assistance in the event of cancelled or delayed departures
- Delayed arrival and request for financial compensation

Select how you want to receive compensation, if due:

- Travel voucher
- Bank transfer - IBAN:

Name of Account Holder:

BIC/SWIFT:

- Difficulty in submitting the complaint
- Other:

DESCRIPTION. PLEASE DESCRIBE WHAT HAPPENED WITH REGARD TO ALL ITEMS THAT HAVE BEEN TICKED

ANNEXES

Proxy and user ID (if a claim is submitted by a party other than the user)
Other annexes:...

SIGNATURE OF THE COMPLAINING PARTY: _____

Place: _____

Date: _____

PRIVACY POLICY

By filling in and sending this form, I authorise the processing of my personal data pursuant to article 13 of EU Regulation No. 2016/679 and in compliance with Italian Legislative Decree No. 196/2003 and subsequent amendments and integrations, as updated by Legislative Decree No. 101/2018.

To read the privacy policy in full, please go to: www.gnv.it/images/pdf/it/privacy.pdf