

**Indemnity for reimbursement of vouchers to a person other than the holder  
(Company/Travel Agency/Association)**

The undersigned \_\_\_\_\_

Born in \_\_\_\_\_ (\_\_\_\_) on \_\_\_\_\_

residing in via \_\_\_\_\_ No, \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Country \_\_\_\_\_ e-mail \_\_\_\_\_

Phone number \_\_\_\_\_

Owner/CEO/Chairman of the company/travel agency/association

Company Name \_\_\_\_\_

Registered Office \_\_\_\_\_

VAT and/or Tax Code \_\_\_\_\_

**Copy of identity document No. attached** \_\_\_\_\_

**as holder of the following voucher(s)**

No. \_\_\_\_\_

No. \_\_\_\_\_

No. \_\_\_\_\_

No. \_\_\_\_\_

No. \_\_\_\_\_

No. \_\_\_\_\_

No. \_\_\_\_\_

No. \_\_\_\_\_

**states**

to delegate to the collection of the reimbursement related to the aforementioned voucher(s)

Mr./Ms. \_\_\_\_\_

e-mail address \_\_\_\_\_ phone number \_\_\_\_\_

**As a consequence of the above, I, the undersigned, state that I have nothing else to claim from the Fondazione Arena di Verona and I release the Fondazione from any claim for reimbursement of the above-mentioned voucher(s) that may be made by any third party.**

Date

Signature

\_\_\_\_\_

\_\_\_\_\_