COMPLAINT FORM TO THE SERVICE PROVIDER

Grimaldi Euromed SpA
via Marchese Campodisola n. 13
80133 Naples
Italy
grimaldieuromed@legalmail.it

Details of complainant

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Name (if not a natural person):
Address:
Postcode: City: Country:
E-mail:
Telephone (optional):

Details of user (if other than the complainant) and any other passengers

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Journey details

Travel agent/tour operator/ticket vendor (if applicable):
Reservation code/ticket number:
Port/terminal of departure: Port/terminal of arrival:
Scheduled departure time: - time: date (dd-mm-yy)
Actual departure time (where different from scheduled time) - time: date (dd-mm-yy)
Scheduled arrival time - time: date (dd-mm-yy)
Actual time of arrival (where different from scheduled time) - time: date (dd-mm-yy)
Grounds for complaint. Please tick as appropriate next to the relevant entries (*)

☐ Ticket issue /contract conditions or discriminatory tariffs

☐ Rights of disabled persons and persons with reduced mobility

☐ Information in case of cancelled or delayed departures

☐ Travel information

☐ Information on passenger rights

☐ Re-routing or reimbursement in case of cancelled or delayed departure

☐ Assistance in case of cancelled or delayed departure

☐ Delay in arrival and request for compensation

Choose how you want to receive compensation, if due:

☐ Vouchers or other services

☐ credit card

☐ credit transfer - IBAN:

☐ Difficulties in submitting the complaint

☐ Other:

The service provider may supplement the list with any further specific business-relevant items.

Description. Please describe the events for all items with a tick mark

(*) For information on the rights of passengers travelling by sea and inland waterway as provided for in Regulation (EU) No 1177/2010, please refer to the website of the Transport Regulation Authority at:
Annexes

Proxy and user identity document (in case the complaint is submitted by a person other than the user)
Other attachments: ...

SIGNATURE OF THE COMPLAINANT: __________________________

Place: ________________  Date: ________________

PRIVACY STATEMENT
(to be filled in by the service provider)