



A STAR ALLIANCE MEMBER

## AGREEMENT

I, \_\_\_\_\_, with passport number \_\_\_\_\_ and personal identity number # \_\_\_\_\_, authorize Compañía Panameña de Aviación, S.A. (Copa Airlines) to prepare a check/deposit/transfer for the amount that corresponds to me for the reimbursement of my ticket(s) No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
On the route(s)  
in favor of:

Person I authorize to receive a refund for my ticket	
Identification number / Passport	
Telephone contact	

I hereby certify that my statement in this document is true, exonerating, acquitting and definitively releasing Compañía Panameña de Aviación, S.A. (Copa Airlines) its agents, employees and representatives of each and every one of the claims and/or demands, sums of money, actions, rights causes of action, obligations and liabilities whether known or unknown of any type or nature related to the deposit/transfer/check to the person authorized by me hereby to receive a refund of my ticket.

\_\_\_\_\_  
Name  
Date: \_\_\_\_\_

