



## CROWN DREAM HOLIDAYS LLC

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Delaware DE 19808, USA  
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Website: [www.crowndreamholidays.com](http://www.crowndreamholidays.com)

### CANCELLATION- REFUND & DISCLAIMER AGREEMENT

#### TERMS & CONDITIONS DEPOSIT REFUND POLICY CROWN DREAM HOLIDAYS

The time period to qualify for FULL REIMBURSEMENT of the deposit fee in the case of cancellation is ..... days BEFORE your due date of payment(..... days before check-in date ) which is.....

This date is consistent with your check in date on.....(Applicable/ Non Applicable in this case )

Any booking arranged within a period of LESS THAN.....days BEFORE your due date of payment (.....days before check-in date )with subsequent requested cancellation WILL NOT be eligible for reimbursement and the deposit fee will be forfeited in its entirety.  
(Applicable/Non Applicable in this case )

#### DISCLAIMER CLAUSE:

I, ....., Lead Passenger of this reservation/booking on behalf of myself and all other guests booked under my name, hereby agree that Crown Dream Holidays LLC WILL IN NO WAY be held liable and accountable for any inconveniences and shortcomings occurring at the Hotel/Resort/Rental Apartment/Condominium or Villa during my (our) stay at the accommodation mentioned in this agreement. Any such problems or complications will be discuss and sorted with the owner of the accommodation who is responsible in this regard.

I,....., Lead Passenger of this reservation/booking on behalf of myself and all other guests booked under my name and Dr Pedro A. Arrindell ( President of Crown Dream Holidays LLC ) hereby sign for full agreement of this Cancellation-Refund & Disclaimer Agreement:

Name:  
Address:  
E-mail:

Signature:  
(Signed for Agreement )  
Date:

FOR GROUP TRAVEL:

Name of Company or Institution of the travelling Group:

Name of Lead Passenger or Coordinator of the traveling Group:

Address:

E-mail:

Signature:

( Signed for Agreement )

Date:

Hotel/Resort/Rental Apartment/Condominium or Villa for which CDH LLC has a written rental Or franchise agreement;

Name:

Address:

Telephone:

E-mail:

Check in date:

Check out date:

Name of Lead Passenger:

Names of other guests booked under aforementioned Lead Passenger:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

Dr Pedro. A. Arrindell

President Crown Dream Holidays LLC (Signed for Agreement )

Signature:

Date:

**THIS BINDING CANCELLATION-REFUND & DISCLAIMER AGREEMENT GOES INTO EFFECT AS OF JANUARY 1<sup>ST</sup>, 2016.**

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