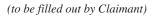
BAGGAGE CLAIM





Please read, complete and sign this form and then you may

- 1. Post it to the address below, or
- 2. Print it, scan it and send it as an e-mail attachment to info@proflight-zambia.com

Customer Relations Manager/Baggage Claim Proflight Zambia P.O. Box 30536, Stand 15B, Private Hangars, Lusaka International Airport, Zambia

FULL NAME:							
:							
Telephone No:							
OF CLAIM:							
nade in the amount of \$			For baggage and/or p	personal effects () lost			
ile being transported as fo	ollows:						
ERARY:-							
oint at which baggage wa	as checked/carried to desti	nation					
TO	AIRLINE	FLIGHT NO.	CLASS	DATE			
10	THINDING	T ETGITI TO.	CERSS	DATE			
Number:			Issued in name of				
DAMAGED BAGGAGE	CHECKED		OR UNCHECKED				
red under your own poli	cy?						
ecked please advise:							
Total number of pieces of checked baggage							
damaged							
Total weight of checked baggage (if known), in kilos							
assengers		Baggage tag/check nu	mber(s) of lost piece(s)				
Final destination shown on baggage tag(s)/check(s)			Did you pay excess baggage charges				
baggage ticket number(s)							
xcess valuation?		If	yes, how much? \$				
OF PROPERTY WHE	N RECEIVED BY CL	AIMANT: (Complete for	r damage pilferage or	nly)			
	OF CLAIM: nade in the amount of \$ the being transported as for the count at which baggage was to the count at which baggage (if known assengers	OF CLAIM: nade in the amount of \$	OF CLAIM: nade in the amount of S	AIRLINE FLIGHT NO. CLASS TO AIRLINE FLIGHT NO. CLASS Number: Issued in name of			

5. NOTICE OF LOSS OR BAGGAGE:							
(a) Claimant last saw property sound and com	plete at	Place		on:	20		
(b) Claimant took custody of property from							
on							
(c) Claimant first noticed loss or damage to pr	operty	Place	on		20		
(d) Claimant gave first notice of loss or damag	ge in writing to			Airline			
atPlace		on.		20			
6. GIVE ANY OTHER INFORMATION WHI. (use separate sheet of paper if necessary)	ICH YOU MAY PO	SSES IN REFEREN	NCE TO THIS CLA	IM:			
7. LIST LOSS OR DAMAGE: (continue on se	narate sheet if neces	ssam)					
ARTICLE (LIST CONTENTS OF EACH PIECE OF BAGGAGE SEPERATELEY)	WHEN PURCHASED	WHERE PURCHASED	PRICE PAID	COST TO REPAIR	AMOUNT CLAIMED		
		TOTALS					
It is expressly understood and agreed by me that are not an admission of liability by or on the pa Carrier will be furnished by me upon request and	art of any Carrier. Any	other information and					
		•	ro ano tento and commont	to the heat of may limeasile do	o and haliaf		
The statements contained herein, including the va	itues praced upon the a	nucies enumerated abov	e, are true and correct	to the best of my knowledg	е ана венет.		
D.4:				4			
Date		Claimant Signature					