PROFLIGHT DATE RECEIVED OFFICE STAMF

## **REFUND REQUEST FORM**

- If you made your booking with a Travel Agent or another airline you must contact them for refund
- You must attach all necessary documentation otherwise the Request cannot we completed
- Where payment was made by credit/debit card, refund will be made to the original payment card

PERSONAL INFOMATION	_			
Claimant's Name		Phone No. (Inc. Codes)		
Postal Address				
		Repeat e-mail		
FLIGHT INFORMATION	I REQUESTED FOR R	EFUND		
Date of Travel	From	To	Flt No	
Date of Travel			Flt No	
NAMES OF PASSENGE				
			Not the ticket number	
Airline Cancelled flig Minor 'human' erro Booking paid by cre Death of passenger, parent, dependent childi Illness of passenger unable to travel due med	* .* d payment made in er ght r in name spelling, nan dit/debit card and car , or passengers in the ren) ** , or passengers in the dical reasons***	rror me differs from passport, encelled the same day same booking , or close far same booking, or close far	etc. on international flight mily member (spouse, parent, spouse's mily member (spouse, dependent children)	
passenger	except for website pu cate or Newspaper No Doctor confirming pat	tice plus Birth or Marriage	Certificate for proof of relationship to unfit for travel plus Birth or Marriage	
			ed Passengers to make a Refund Request be Fare Rules and other conditions apply.	
Name		Signature	Date	

Mail form to: Proflight Zambia, PO Box 30536, Lusaka, Zambia, 10101

Email scanned form to: <a href="mailto:reservations@proflight-zambia.com">reservations@proflight-zambia.com</a>

Submit original form to: any Proflight sales office.