

REFUND CLAIM FORM

13396 Kamloops Avenue (Munali Roundabout), PO Box 30536, Lusaka, Zambia

- If you made your booking with a Travel Agent or another Airline you must contact them regarding a refund
- You must attach all necessary documentation otherwise the claim cannot be completed
- For tickets with original/first issue date prior to 2022 - Refund will be in the form of a Proflight Evoucher issued to the passenger or company name on the receipt or to the ticketing agency
- For tickets with original/first issue date in 2022 or beyond - Refund will be in the original form of payment to airline with payment issued to the passenger or company name on the receipt or to the ticketing agency
- An admin fee of \$25 per coupon is chargeable on all non-refundable tickets, for tax-only refund or special-approved refund

PERSONAL INFORMATION

Claimants or Agency Name _____ Phone No. (Inc. Codes) _____
Postal Address _____ e-Mail _____
_____ Repeat e-mail _____

RESERVATION INFORMATION RELATING TO THIS CLAIM

Date of Travel _____ From _____ To _____ Flt No _____
Date of Travel _____ From _____ To _____ Flt No _____

NAMES OF PASSENGERS RELATING TO THIS CLAIM

BOOKING REFERENCE (6-characters _____) Not the ticket number

REASON FOR CLAIM Please click ✓ the applicable

- ___ Fully unused ticket*
- ___ Partly unused ticket*
- ___ Duplicate credit card payment made in error
- ___ Airline Cancelled flight
- ___ Minor 'human' error in name spelling, name differs from passport, etc. notified within the same day
- ___ Booking paid by credit/debit card and cancelled the same day
- ___ Death of passenger, travel companion named in the same booking or close family member occurring after booking was made and within 10 days of departure **
- ___ Passenger, travel companion named in the same booking or close family member unable to travel due medical reasons***

SUPPORT DOCUMENTS

* Copy of e-ticket and Proflight office receipt ** Copy of Death Certificate *** Original letter from Doctor

DECLARATION: I declare that I have the consent of the above named Passengers to make a Refund Claim of their behalf and that the information is truthful. I understand the Fare Rules and other conditions apply.

Name _____ Signature _____ Date _____

PROFLIGHT OFFICE USE

ONLY: _____
