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
- 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
- For all refund applications, the applicant will need to provide a bank confirmation letter with the following information:
  - Bank Name
  - Account Name
  - Account Number
  - IBAN (Where applicable)
  - Branch Name
  - Branch code
  - Swift Code and
  - Account Currency

Note: The following additional information will be needed for International Transfers;
- Applicants Physical address
- City
- Province/State
- Zip Code/Postal Code
- Country

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_______________