



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:
o Bank Name
o Account Name
o Account Number
o IBAN (Where applicable)
o Branch Name
o Branch code
o Swift Code and
o Account Currency

Note: The following additional information will be needed for International Transfers;

- o Applicants Physical address
o City
o Province/State
o Zip Code/Postal Code
o 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