

REFUND APPLICATION FORM						
Your Name			Your Address			
Phone No:			Email:			
Passengers Name		Ticket Numbers		Unused Sectors		
Date of Issue			Place of Issue			
<b>Form of Payment</b>						
Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Credit <input type="checkbox"/> Amex <input type="checkbox"/> Diners Club <input type="checkbox"/> Visa/MC <input type="checkbox"/> Other <input type="checkbox"/>						
Card Number				Expiry Date		
Card Holders Name:						
<b>Calculation of Refund</b>						
<b>Do not write in this space.</b> For Airline use only	<b>Refund Calculation</b>	<b>Paid</b>	<b>Used</b>	<b>Difference</b>	<b>GST</b>	
	Fare					
	Tax / Fee / Charge Code					
	Tax / Fee / Charge Code					
	Tax / Fee / Charge Code					
	Tax / Fee / Charge Code					
	Tax / Fee / Charge Code					
	Tax / Fee / Charge Code					
	<b>TOTAL</b>					
	<b>Cancellation Penalty</b>					
<b>Service Fee</b>						
<b>Other</b>						
<b>TOTAL TO BE REFUNDED</b>						
<b>Our Airline Authorisations</b>						
Signed by:			All refunds are to paid in the same manner as the original ticket was issued. No refunds on tickets paid for by sponsors will be issued to the passenger.			
Date:						
<b>This authorisation number is to be quoted in the PNR</b>						