

LETTER OF INDEMNITY FOR E-BOOKINGS

I, _____ (holder of NIC/Passport No _____) authorize the use of my personal Credit Card/Debit Card Account No _____ (insert first and last four digits of the card e.g. 1234 xxxx xxxx 4568) (hereafter referred to as "Purchasing Card") issued by _____ bearing expiry date _____ for the purchase of the following tickets under the booking reference of _____ (insert PNR number) :

Passenger Name	Ticket Number	Passport / ID Number	Flight Number / Date / Sectors

Details of Card Holder

Name*		Passport/NIC Number*	
Address*			
Telephone*		E-mail	

I hereby confirm that:

<ul style="list-style-type: none"> ▪ I will not be traveling with the aforementioned passenger/s; ▪ I will submit the Purchasing Card for verification purposes together with any other documents and/or information within the times and in the manner required by Island Aviation Services Limited (its agents or representatives) in connection with the purchase of the above referred to tickets; ▪ I will not make any claim against Island Aviation Services Limited on account of or in relation to the use of my Purchasing Card for the purchase of tickets/travel of the above passengers; ▪ I will indemnify and hold harmless Island Aviation Services Limited from and against any loss, damage, cost or expense arising from the use of the Purchasing Card, including but not limited to non- acceptance and/ or rejection of the Purchasing Card for any reason by the relevant payment account issuer and shall pay Island Aviation Services Limited forthwith the whole amount upon demand. ▪ I have duly read and understood the terms and conditions set out here and any other condition 			
Signature of Card Holder		Date	

Notes to the Card Holder:

1. This document is to be signed ONLY in the presence of a Island Aviation Services staff or a nominated staff member of the Airline.
2. The signatory of this document is required to present the Purchasing Card, a photo identity, &/or proof of contact number, residential address &/or email address as appropriately required by an airlines staff to complete the verification process.
3. The information in this document is strictly confidential and will be securely stored by Island Aviation Services Limited for a period no longer than is deemed required by Island Aviation Services Limited.

For Official Use Only: This document and the card is verified and approved by

Name*		Staff No*	
Designation*		Signature*	Date*

* - Marks Mandatory Fields