

Owned and operated by Island Aviation Services Ltd M. Raaverige, Majeedhee Magu Male', Republic of Maldives

Agency name:

Application Date:	

## **REFUND APPLICATION FORM**

APPLICANT I	<u>DETAILS</u>						
Full Name:			Phon	Phone/mobile:			
TICKET DET	TAILS					FOR OFFICE USE ONLY	
	Passenger Name	Issued date	Ticket number	Sector to be refunded	Form of payment (Cash/InvoiceNos)	Remarks	
1							
2							
3							
4							
5							
If refunds are to be collected by a person other than the applicant (please fill below details).  ID No:  Name:			<ol> <li>All refunds will take a minimum of 30 business days for processing.</li> <li>Credit card Refunds will be credited to the respective card only.</li> <li>Any tickets issued on credit will be refunded to the customer and not to the passenger unless otherwise on written request from the paid customer.</li> <li>All cash/cheque/debit card refund, applications should be supported by ID Card/Passport copies of passengers.</li> <li>If the refund is to be collected by any other person other than the applicant or passenger, his/her ID card copy should be submitted.</li> <li>Tickets submitted for refund after the ticket validity will not be accepted for refund.</li> <li>Refund application forms for tickets issued on credit can be accepted only upon payment of the invoices.</li> <li>All tickets - refund charges will be applicable as per the ticketed fare rule/s.</li> <li>Domestic ticket - Infants - Non-refundable.</li> </ol>				
Applicar	nt signature:						
Agent Use	e Only						
Application	on received by:		S	ignature:			

Date: