

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

| Application Date |  |
|------------------|--|
|                  |  |

## **TAX REFUND CLAIM**

| Full N  | l Name Phone |                  |       | Phone         | /Mobile   | Mobile   |                        |  |  |
|---|--------------|------------------|-------|---------------|---|--|------------------------|--|--|
| Address   |              |                  |       |               |   |  |                        |  |  |
| TICKET DETAILS  |              |                  |       |               |   |  | FOR OFFICE USE<br>ONLY |  |  |
| No(s)   | Р            | assenger Name(s) | Issue | Date          | Date Ticket   |  | Remarks                |  |  |
| 1   |              |                  |       |               |   |  |                        |  |  |
| 2   |              |                  |       |               |   |  |                        |  |  |
| 3   |              |                  |       |               |   |  |                        |  |  |
| 4   |              |                  |       |               |   |  |                        |  |  |
| 5   |              |                  |       |               |   |  |                        |  |  |
| 6   |              |                  |       |               |   |  |                        |  |  |
| 7   |              |                  |       |               |   |  |                        |  |  |
| 8   |              |                  |       |               |   |  |                        |  |  |
| 9   |              |                  |       |               |   |  |                        |  |  |
| 10  |              |                  |       |               |   |  |                        |  |  |
|   |              |                  |       |               |   |  |                        |  |  |
| Name  | Name         |                  |       |               |   | GENERAL CONDITIONS  1. All refunds will take a minimum of  |                        |  |  |
| If refunds are to be collected by a person other than the applicant (Please fill the details below) |              |                  |       | 15 b<br>2. Cr | <ul><li>15 business days for processing.</li><li>2. Credit card Refunds will be credited to the respective card only.</li></ul> |  |                        |  |  |
| Name  |              |                  |       |               | 3. All debit card refund applications should be supported by ID   |  |                        |  |  |
| ID No   | No           |                  |       |               |   | Card/Passport copies of passengers.  |                        |  |  |
| Signature of Applicant  |              |                  |       |               | any o   | 4. 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. |                        |  |  |
|   |              |                  |       |               |   |  |                        |  |  |
| FOR OFFICE USE ONLY  Circulture   |              |                  |       |               |   |  |                        |  |  |
| Received by:  |              | Signature:       |       |               |   |  |                        |  |  |
| Staff No:   |              | Date:            |       |               |   |  |                        |  |  |