



Refund Application Form

OFFICE USE ONLY:

Passenger's Name	Booking Reference
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Who is requesting?	How do we contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Email
	Provide: _____

How did you pay? <input type="checkbox"/> Cash <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Mobile Money <input type="checkbox"/> Bank Transfer	How should we pay you? <input type="checkbox"/> Cash Cheque <input type="checkbox"/> Debit / Credit Card <input type="checkbox"/> Mobile Money Provide number _____ <input type="checkbox"/> Bank Transfer (GHS 5 Charge) Bank _____ _____ Account number Account branch
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***IMPORTANT NOTE: All card payments will be refunded to card ONLY.**

To be completed by all passengers

I, _____ authorize the refund of my ticket.

Signature: _____ Date: dd / mm / yyyy (Attach a government-issued photo ID)

If refund is to a 3rd party

I, _____ authorize the refund of my ticket to _____

Signature: _____ Date: dd / mm / yyyy
(Attach a photocopy of 3rd party government-issued photo ID to the form)

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Amount Paid _____ Penalty Waive: Yes No

Penalty applied _____

Amount approved for Refund _____

Checked by	_____	_____	_____
	Name	Signature	Date
Commercial	_____	_____	_____
	Name	Signature	Date
Finance Check	_____	_____	_____
	Name	Signature	Date
Paid by	_____	_____	_____
	Name	Signature	Date

