



Refund Application Form

OFFICE USE ONLY:

Passenger's Name

Booking Reference

Who is requesting?

Provide: Phone

Email

How did you pay?

- Cash
- Debit/Credit Card
- Mobile Money
- Bank Transfer

How should we pay you?

- Cash Cheque
- Debit / Credit Card

Mobile Money | Provide number

Bank Transfer (GHS 5 Charge) | Bank

Account number

Account branch

Country where account is held

***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)

For office use ONLY

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



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Submit completed form with
copies of photo ID to below
refunds@flyafricaworld.com



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