# REFUND CLAIM FORM

13396 Kamloops Avenue (Munali Roundabout), PO Box 30536, Lusaka, Zambia

- If you made your booking with a Travel Agent or another Airline you must contact them regarding a refund
- You must attach all necessary documentation otherwise the claim cannot be completed
- All refunds will be in the form of a Proflight Evoucher issued to the passenger or company name on the receipt or to the ticketing agency

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Claimants or Agency Name</th>
<th>Phone No. (Inc. Codes)</th>
<th>Postal Address</th>
<th>e-Mail</th>
<th>Repeat e-mail</th>
</tr>
</thead>
</table>

## RESERVATION INFORMATION RELATING TO THIS CLAIM

<table>
<thead>
<tr>
<th>Date of Travel</th>
<th>From</th>
<th>To</th>
<th>Flt No</th>
</tr>
</thead>
<tbody>
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<td>Date of Travel</td>
<td>From</td>
<td>To</td>
<td>Flt No</td>
</tr>
</tbody>
</table>

## NAMES OF PASSENGERS RELATING TO THIS CLAIM

| __________________________ | __________________________ | __________________________ |
| __________________________ | __________________________ | __________________________ |

## BOOKING REFERENCE (6-characters ______ ______ ______ ______) Not the ticket number

## REASON FOR CLAIM

- Please click ✔️ the applicable
  - Fully unused ticket*
  - Partly unused ticket*
  - Duplicate credit card payment made in error
  - Airline Cancelled flight
  - Minor ‘human’ error in name spelling, name differs from passport, etc. notified within the same day
  - Booking paid by credit/debit card and cancelled the same day
  - Death of passenger, travel companion named in the same booking or close family member occurring after booking was made and within 10 days of departure **
  - Passenger, travel companion named in the same booking or close family member unable to travel due medical reasons***

## SUPPORT DOCUMENTS

- * Copy of e-ticket and Proflight office receipt
- ** Copy of Death Certificate
- *** Original letter from Doctor

## DECLARATION

I declare that I have the consent of the above named Passengers to make a Refund Claim of their behalf and that the information is truthful. I understand the Fare Rules and other conditions apply.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
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## PROFLIGHT OFFICE USE

ONLY:_____________________________________________________________________________