

Flight Booking Form | Ascension Island - St Helena

BEFORE we can process your flight booking request ALL sections of this form must be fully completed.

Title (Mr/Mrs/Ms/Miss/Mstr)	<input style="width: 95%; height: 20px;" type="text"/>
Surname	<input style="width: 95%; height: 20px;" type="text"/>
Forenames/Given names	<input style="width: 95%; height: 20px;" type="text"/>
Gender	<input style="width: 95%; height: 20px;" type="text"/>
Address	<input style="width: 95%; height: 40px;" type="text"/>
Postcode	<input style="width: 70%; height: 20px;" type="text"/>
Country	<input style="width: 70%; height: 20px;" type="text"/>
Telephone	<input style="width: 70%; height: 20px;" type="text"/>
Mobile	<input style="width: 70%; height: 20px;" type="text"/>
Email address	<input style="width: 95%; height: 20px;" type="text"/>



Please enter a valid email address

Date of flight: St Helena (HLE) to Ascension Island (ASI)

(please select from list)

Are you also booked on to the connecting flight between St Helena and South Africa on the same day?

Date of flight: Ascension Island (ASI) to St Helena (HLE)

(please select from list)

Are you also booked on to the connecting flight between St Helena and South Africa on the same day?

No. of Adults **No. of Children**

Names of Passengers on this flight/this booking:

Title <small>(Mr/Mrs/Ms/ Miss/Mstr)</small>	Forename(s)	Surname	Date of Birth	Passport No.	Passport Expiry Date	Country of Passport Issued	Nationality	Seating Preference

Additional Information:

Please answer the questions below by selecting either YES or NO from the drop down menus after each question. If you answer YES to any question, please provide further information in the box below the question. Please give as much detail as you can, and include the full name of the mobility or medical condition and the name of any medication prescribed. All information will be kept strictly confidential

Please select option

1. Do you have any medical or mobility problems?

2. Have you had any recent illness/injury requiring medical treatment?

3. Do you require any assistance boarding and disembarking the aircraft?

4. Are you pregnant?

If yes, please advise estimated due date:

5. Is the passenger travelling as an unaccompanied minor?

Important Information

Terms and Conditions of all flight bookings:

Please note that the Ascension Island Government reserves the right to change dates of travel without notice even after payment has been received.

Ascension Island Government can accept on a first come first serve basis bookings for provisional flight dates. Please note that seating preferences cannot be guaranteed on any of the flights.

The Ascension Island Government will not be held responsible for any delays or cancellations to flights, nor will it, be held responsible should such delays or cancellations mean that you miss a connecting flight. Customers must understand they make all bookings for flights at their own risk. The Ascension Island Government will not accept any liability for bookings made under these circumstances. Ascension Island Government bear no responsibility for any belongings or valuables that are lost or stolen during travel.

By ticking this box, I confirm I have read and understood the terms and conditions above

I confirm that I have completed this form fully and answered questions accurately and that I have read and understood the above notice and agree to abide by it.

Name:

Signature:

Date:

Please email completed forms to flight.bookings@ascension.gov.ac