ASCENSION ISLAND GOVERNMENT

Flight Bookings Ascension Island Government Administration Building Georgetown, Ascension Island

5/ Do you have any special dietary requirements?

Vegetarian □ Diabetic □ Known allergies □ 6/ Do you have any medical or mobility problems?

Tel: (+247) 66700 ext 111 flight.bookings@ascension.gov.ac

Flight Booking Form (page 1 of 2) BEFORE we can process your flight booking request ALL sections of this form must be FULLY completed in **CAPITAL** letters. Name: (Supplied as a reference for your booking. Other relevant information may be added below) Correspondence Address: Country: Email address: Date of Flight: Brize Norton UK (BZZ) to Ascension Island (ASI) Date of Flight: Ascension (ASI) to Brize Norton UK (BZZ) State if you are a resident of Ascension Island, No. of Adults: No. of Children: Falkland Islands, St. Helena Island, UK or Other: **Nationality Passport Issuing State** Track & Trace Contact Number Names of passengers on this flight/booking Forename Title Surname Date of birth Passport No. **Passport Expiry** (Mr/Mrs/ Date Ns/Miss DD/MM/YYYY DD/MM/YYYY /Mstr) Sponsorship Details **Next of Kin** Name Relationship Relationship Full Address & Tel No. **Contact Details** Intended Address on Island Additional Information -Please indicate your answers to the below questions by CIRCLING either YES or NO. For questions answered YES, supporting details must be provided on page 2 of this form. Support details must be clear and concise, and should include full name of your medical or mobility condition and the name of any medication. All information will be kept confidential. 1/ Have you had any recent illness/injury requiring medical treatment? YES/NO 2/ Do you require assistance boarding & disembarking the aircraft? YES/NO 3/ Are you pregnant? If yes, please advise estimated date of delivery YES/NO 4/ Do you require a sky cot? YES/NO

YES/NO

YES/NO

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Flight Booking Form (page 2 of 2)	
Payment Method: (please tick) Ascension	n Island Government
Bank Transfer Credit/Debit Card Payment must accompany this form if made within a You may add your credit/debit card details: n.b. we will not pryour credit card will not have expired by then.	
Name on Card:	
Card Type: (Visa, Mastercard etc.) (We do not accept American Express cards.)	Card Number: (e.g. 4676 0000 0000 0000)
Expiration Date: MM/YYYY	Valid From: (if available)
Issue No. (if applicable) MM/YYYY	CVV Security Code: Last three digits printed on the signature strip 3 Digits
Card Holder Address: (Statement address)	
received, fare increases by the MOD might aff	change fares/dates of travel without notice. Even after payment has been ect the final price you pay for your flight. If the MOD increases the fare travel you may be required to make an additional payment.
Notice regarding bookings for all provisional flight dates*: AITA can accept on a first come first serve basis bookings for provisional flight dates. All provisional flight dates ar made on the assumption that when the MOD releases a new flight schedule the dates will remain the same.	
published. Customers must understand that th	sponsible for any changes the MOD may make when a new schedule is ey make all bookings for provisional dates at their own risk. AIG will not ese circumstances, in particular if the provisional dates are changed once
If there are any changes to provisional dates of persons affected to try place alternative booking	when the MOD publishes the new flight schedule, AIG will contact those gs.
* Provisional flight dates: All provisional flight dates	are highlighted in the Flight Schedule.
I solemnly declare that I have answered the fore read the above notice and agree to abide by it.	egoing questions and completed this form fully and accurately, and I have
Name:	Signature:
	FOR OFFICIAL USE
Date Received:	Authorised for Booking: Travel Assistant
Travel Assistant	