



## **Redemption Form**

(Note: Request must be done 5 working days prior to departure date)

Name: (Primary Head)

\_\_\_\_\_

Membership:

\_\_\_\_\_

Journey Type: (Tick correct box)

1. One Way

2. Return

Class: (Tick correct box)

1. Economy

2. Business

Destination From:

\_\_\_\_\_

Destination To:

\_\_\_\_\_

Return:

\_\_\_\_\_

Departure Date:

\_\_\_\_\_

Return Date: (Only fill if applicable)

\_\_\_\_\_

Proposed Travel: (Tick correct box)

1. Primary Head

2. Family member

Membership number

1

\_\_\_\_\_

2

\_\_\_\_\_

3

\_\_\_\_\_

4

\_\_\_\_\_

5

\_\_\_\_\_

Signature:

\_\_\_\_\_

Mobile:

Email:

Form of ID:

\_\_\_\_\_