

LETTER OF INDEMNITY FOR UATP CARD NUMBER PAYMENT

TO: The Manager, Air Niugini Limited (hereafter, "ANG")

In the event of ANG accepting to provide us with airline ticket sales and other services, as required, I /We agree to pay for all such services procured through the organization's UATP Card Number and.; an Email or Letter of Authorization must specify the approved list of travellers' names, sectors / dates of travel, as well as details of any other services requested. Below is the list of persons authorised to make such payments:

persons authorised	to make sacin paying	icrito.				
Name:			Emai	l:		
Position :				Signature:		
Name:			Emai	l:		
Position :				Signature:		
Name:			Emai	l:		
Position :				Signature:		
l,	NAME	,			DOCITION	
of	NAME				POSITION	
	the ficket(3) an		Date		orepaid account	balance.
UATP CARD NI	JMBER DETAILS					
Card Number:	1 6 5 6				Expiry Date:	MM YY
This Indemnity c	overs the period f	rom	. / / 20	to	/ / 20 (
appropriately required 2. The signatory of this held in his/her name/or ANG from any loss aris transaction in whateve	by an ANG staff. s document acknowledg ompany name, and in co sing from the non-accep r form ANG shall require	es and understand insideration of ANG tance or rejection (Is that by signing to accepting the sign for any reason), a	nis document, the sign natory's payment for the nd to forthwith upon do	sidential address &/or ema atory agrees to use the U, ne above purposes, to ind- emand by ANG pay the wi no longer than is deemed	ATP card number which is emnify and hold harmless nole amount owing for the
For Official Use						
This document is v	verified and acknow	edged by:				
Name / Designation				Signature		Dete