## ASCENSION ISLAND GOVERNMENT – AIRBRIDGE BOOKING FORM INBOUND & OUTBOUND TRAVEL

Flight Bookings Ascension Island Government Finance Office - Administration Building Georgetown, Ascension Island ASCN 1ZZ



Email: Flight.bookings@ascension.gov.ac

FOR OFFICIAL USE ONLY:

AIG

DATE RECEIVED: INVOICE NO: DATE MANIFESTED: BOOKING OFFICER:

Before we are able to process your flight booking request, ensure all fields have been <u>fully populated in capitals</u> with a <u>copy of your Passport Bio-Data</u> page provided in attachment.

<u>capitais</u> with a	copy or your rassport bio-bata p	age provided in attachment.			
Bookings will n	ot be processed until completed.				
Passenger's F	Full Name:				
Title	First Name	Middle Name	Surname		
(Mr/Mrs/Ms/Miss/Mstr	·)				
(Supplied as a referen		I nay be added below)			
Correspondence	ce Address:				
Correspondent	<u>56 7 (dai 656.</u>				
Email Address:	<u>.</u>				
Ascension Islai	nd Telephone Contact:				
	not have a personal Ascension Island telephor	ne contact, please nominate and enter your c	on-Island sponsors contact details.		
This number will be u	used to provide important updates pertaining t	o your travel)			
<b>Emergency Co</b>	ntact Number:				
Dates of Trave	<u>l:</u>				
	INBOUND	OUTB	<u>OUTBOUND</u>		
Brize Norto	on UK (BZZ) – (ASI) Ascension Island	d Ascension Island (ASI) -	Ascension Island (ASI) – (BZZ) Brize Norton UK		
		•			

Passengers or	n this Flight/Bo	oking:

Title (Mr/Mrs/Ms/Miss/Mstr )	Full Name	Date of Birth DD/MM/YY	Passport No.	Passport Expiry DD/MM/YY	Issuing State	Nationality

Next of Kin:	Sponsorship Details: (Applicable to visitors only)
Name:	Sponsors Name:
Relation:	Relation:
Full Address & Tel No:	Full Address & Tel No / Intended address if different to sponsors address:

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## **Additional Information:**

Please indicate your answers to the below questions by SELECTING either YES or NO. For questions answered YES, supporting details must be provided. Supporting details must be clear and concise, and should include full name of your medical or mobility condition and the name of any medication and the passenger in which it applies. All information will be kept confidential.

Name:	Signa (Electro accepte	nically <sup>-</sup>	Typed versions will not be	Date:
I solemnly declare that I have answered the foregoing quest read the above notice and agree to abide by it.	tions ar	nd cor	npleted this form fully and	accurately, and I have
* Provisional flight dates: All provisional flight dates are highlighted in the Flight	t Schedul	€.		
If there are any changes to provisional dates when the MOD publishes the new bookings.	w flight so	hedule	AIG will contact those persons aff	fected to try place alternative
However, in doing so AIG will not be held responsible for any changes the M that they make all bookings for provisional dates at their own risk. AIG will not if the provisional dates are changed once the MOD publishes the new schedule	t accept a			
Notice regarding all Airbridge flight bookings: Please note that the MOD reserves the right to change fares/dates of travel wit might affect the final price you pay for your flight. If the MOD increases the far 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 fligMOD releases a new flight schedule the dates will remain the same.	re before	the dat	e of either your outward or return t	ravel you may be required to
Netice recording all Aidedday Blakk backings				
Card Holder Address: (Statement address)	i.o			
	gits print		he signature strip	
Issue No. CVV Sect				
Expiration Date: Va	alid Fro	m: (if	available)	
	-10-11 F			
Card Type: (Visa, Mastercard etc.)  (We do not accept American Express cards.)	nber: (e	.g. 467	76 0000 0000 0000)	
Name on Card:				
Payment will not be processed until near the time of departure so please ensure you		s not ex	xpire within 2 months of your intended	d travel dates.
<u>Credit card details: Y</u> ou may add your credit/debit card submitted via telecom or a preferred method of your c		is de	low snould you wish alto	ernately this can be
Bank Transfer (BOSH): ☐ Bank Transfer (L	• ,		Credit/debit Car	
Private Booking:		_		
Company Name:				
Employing Organization to be Invoiced: □				
Ascension Island Government:				
Payment Method: (Please tick as applicable) Payment must accompany bookings made within 4 weeks of the date of tr	avel.			
6/ Do you have any medical or mobility problems?				
Vegetarian □ Diabetic □ Known allergies □				
<ul><li>4/ Do you require a sky cot?</li><li>5/ Do you have any special dietary requirements?</li></ul>				
3/ Are you pregnant? If yes, please advise estimated date of delivery				
2/ Do you require assistance boarding & disembarking the aircraft?				
1/ Have you had any recent illness/injury requiring medical treatment?	163	INO	Supporting Details.	
	Yes	No	Supporting Details:	