

# ASCENSION ISLAND GOVERNMENT – AIRLINK BOOKING FORM

## INBOUND & OUTBOUND TRAVEL

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



Tel: (+247) 67000 Ext 1111  
 Email: [Flight.bookings@ascension.gov.ac](mailto:Flight.bookings@ascension.gov.ac)

<b>FOR OFFICIAL USE ONLY:</b>		<b>DATE RECEIVED:</b>	<b>INVOICE NO:</b>	<b>DATE MANIFESTED:</b>	<b>BOOKING OFFICER:</b>
<b>PCA</b>	<b>NON-PCA</b>				

Before we are able to process your flight booking request, ensure all fields have been fully populated in capitals with a copy of your Passport Bio-Data page provided in attachment. Bookings will not be processed until completed.

**Passenger's Full Name:**

Title <small>(Mr/Mrs/Ms/Miss/Mstr)</small>	First Name	Middle Name	Surname

(Supplied as a reference for your booking. Other relevant information may be added below)

**Correspondence Address:**

**Email Address:**

**Ascension Island Telephone Contact:**

(In the case you do not have a personal Ascension Island telephone contact, please nominate and enter your on-island sponsors contact details. This number will be used to provide important updates pertaining to your travel)

**Emergency Contact Number:**

**Dates of Travel:**

<u>OUTBOUND</u> Ascension Island (ASI) – (HLE) St Helena Island	<u>INBOUND</u> St Helena Island (HLE) – (ASI) Ascension Island		
Are you booked on a connecting flight the same day to/from JNB or South Africa?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

**Passengers on this Flight/Booking:**

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

<p><b><u>Next of Kin:</u></b>                  Name:                  Relation:                  Full Address &amp; Tel No:</p>	<p><b><u>Sponsorship / Accommodation Details:</u></b> <small>(Applicable to visitors only)</small>                  Sponsors Name:                  Relation:                  Full Address &amp; Tel No / Intended address if different to sponsors address:</p>
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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.

	Yes	No	Supporting Details:
1/ Have you had any recent illness/injury requiring medical treatment?			
2/ Do you require assistance boarding & disembarking the aircraft?			
3/ Are you pregnant? If yes, please advise estimated date of delivery			
4/ Do you require a sky cot?			
5/ Do you have any special dietary requirements? Vegetarian <input type="checkbox"/> Diabetic <input type="checkbox"/> Known allergies <input type="checkbox"/>			
6/ Do you have any medical or mobility problems?			

**Payment Method:** (Please tick as applicable)

Payment must accompany bookings made within 4 weeks of the date of travel.

Ascension Island Government:

Employing Organization to be Invoiced:

Company Name:

**Private Booking:**

Bank Transfer (BOSH):

Bank Transfer (Lloyds):

Credit/debit Card:

**Credit card details:** You may add your credit/debit card details below should you wish alternately this can be submitted via telecom or a preferred method of your choice.

Payment will not be processed until near the time of departure so please ensure your card does not expire within 2 months of your intended travel dates.

Name on Card:

Card Type: (Visa, Mastercard etc.)

Card Number: (e.g. 4676 0000 0000 0000)

(We do not accept American Express cards.)



Expiration Date:

Valid From: (if available)



Issue No.

CVV Security Code:

(if applicable)

Last three digits printed on the signature strip



Card Holder Address: (Statement address)

**Notice regarding all Airlink flight bookings:**

Please note flight confirmation & Passenger itineraries are issued on the Tuesday prior to the date of travel, for PCA organization bookings these will be sent to your respective travel officers, Private bookings will be sent to the address provided on Page 1. (Tickets are not issued for travel via the Charter Airlink flight).

**Notice regarding Excess Baggage Requests:**

Excess baggage can be requested to: [flight.bookings@ascension.gov.ac](mailto:flight.bookings@ascension.gov.ac) by 12:00hrs on the Thursday prior to travel. Requests will either be approved or declined pending passenger numbers and flight payloads. Excess is charged at £5/kg. Approved requests must be paid into the AIG Bank of St Helena Account: 62000012 by COB on the Thursday prior to travel and proof of payment submitted to the AIG booking officer.

**I solemnly declare that I have answered the foregoing questions and completed this form fully and accurately, and I have read the above notice and agree to abide by it.**

**Name:**

**Signature:**

**Date:**

(Electronically Typed versions will not be accepted)