

Passenger Booking Request Form

MULTIPLE PASSENGERS - SAME ROUTE; SAME DATE

COMPLETE IN BLOCK LETTERS ONLY. Forward by e-mail to

THE BOOKING FORM, WHEN COMPLETED, IS TO BE FORWARDED / DELIVERED TO UNHAS AT LEAST TWO WORKING DAYS PRIOR TO THE DATE OF TRAVEL

DATE OF FLIGHT:	CUSTOMER ACCOUNT NUMBER:	RECEIVED BY:
DEPARTURE POINT:		DATE:
ARRIVAL POINT:		
TELEPHONE:		

PASSENGER NAME	E-MAIL CONTACT	GENDER M/F	NATIONALITY	UN/NGO AGENCY NAME	TELEPHONE	ID DOC. NUMBER	BOOKING NUMBER	REMARKS

PURPOSE OF TRAVEL

IMPORTANT REMARKS :

THE SIGNATORY CONFIRMS HERewith THAT THE APPLICANT IS AN EMPLOYEE OR ASSOCIATE OF THE ABOVE AGENCY/ORGANIZATION AND CERTIFIES THAT TRAVEL IS FOR **OFFICIAL** DUTIES ONLY

AUTHORIZED BY AGENCY FOCAL POINT: (PLEASE PRINT NAME)	STAMP
SIGNATURE:	
DATE:	