

BAHAMASAIR

We don't just fly here. We live here.

BAHAMASAIR TICKET REFUND APPLICATION FORM

DATE: _____ TICKET # _____

TICKET # _____

Passenger Name(s): _____

Pay refund to: _____

Claimant Telephone Contact: _____

Passenger Telephone Contact: _____

Email Address: _____

Mailing Address: _____

Route/Leg for Refund: From: _____ To: _____ Return: _____

Station Address: _____

Reason for Refund Request: (Involuntary/Voluntary) _____

I certify that the above information is true, and that I am the owner of the above ticket(s).

Passenger's Signature _____

Print Name _____ Date: _____

Refunds will be disbursed by cheque or credit card credit within Sixty (60) working days to the claimants showing proof of purchase, otherwise by default to the passenger. Passenger signature required if not the claimant

Tickets are good for up to 1 year, if refund is preferred please note the refund fees below:

	International	Domestic
Penalty Fee:	\$ 85.00	\$35.00
Refund Fee:	\$ 15.00	\$15.00
Total Fee:	\$100.00	\$50.00

Telephone 377-8451 ext 2037 Facsimile 377-7408

TicketRefund@Bahamasair.com

Attach or mail in original unused ticket(s) and keep a copy for your records.