

VIP/VVIP/CIP SERVICE APPLICATION FORM

Booking Number: VIP/ /

APPLICANT'S DETAILS

Name of the Applicant:

Contact Person: Designation: Telephone number:

Mobile number : Fax number : Email Address:

BILLING DETAILS

Billing Address :

Street Name: Island / City Postal Code : Country.....

Contact Person : Designation: Telephone number:

FLIGHT DETAILS

Arrival

Airline : Destination

Flight Number:

Time Date

Departure

Airline Destination

Flight Number

Time Date

Traveller's Information *(if additional space required please attach a separate sheet in the same format)*

Name	PP/ID Number	Country	Remarks
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Accompanying Person Details (Non-Travelling) *(if additional space required please attach a separate sheet in the same format)*

Name	PP/ID Number	Designation	Company
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Addu International Airport Pvt Ltd

Passenger Type (Please tick (✓))

VVIP

VIP

CIP

Seat Preference- Departure Only (Please tick (✓))

Window

Aisle

Special Assistance (Please tick (✓) for required service below)

Wheel Chair

Stretcher

First-Aid Service

Ambulance

Others

I have read the VIP Lounge- Terms of Use and agree to abide by the Terms and Conditions

Applicant Name

Designation

DateTimeSignature /Stamp

FOR OFFICE USE ONLY

Form received by

Name

Designation

Date Time

Signature

NOTE: Forms without the applicant's signature or stamp will not be accepted

Important

For reservations please submit the completed form by email : lounge@ganairport.aero.

Separate form shall be submitted for each flight.

For Rates applicable please refer to our VIP Lounge Charges circular.

For Information regarding usage of VIP lounge Service, please refer to VIP Lounge- terms of Use, available at our website www.ganairport.com.