Redemption Form

DATE (ENGLISH CALENDAR)

DAY MONTH YEAR

MR. MS. MRS.

LAST NAME

FIRST NAME

MEMBERSHIP NUMBER

TELEPHONE (HOME)

MOBILE

ADDRESS

EMAIL _____

STREET

CITY

1. NAME OF SALES OUTLET: _____
2. AMOUNT IN RS.: _____
3. TYPES OF TICKET: _____

OTHER REDEMPTION (PLEASE FILL DETAIL)

EQUIVALENT MILES

_____

SIGNATURE OF MEMBER

_____

FOR BUDDHA AIR

NAME: _____

DESIGNATION: _____

ADDRESS: _____

SECTOR APPLIED FOR | EQUIVALENT MILES | DATE MONTH YEAR | FLIGHT NO.

SECTOR APPLIED FOR | EQUIVALENT MILES | DATE MONTH YEAR | FLIGHT NO.

BENEFIT TO BE ISSUED TO (IF NOT TO MEMBER):

MR. MS. MRS.

LAST NAME

FIRST NAME

OPENING MILES

MILES UTILISED

REMAINING MILES