SWAZI AIRLINK TICKET REQUEST FORM

ROUTES AFRICA DELEGATE - PERSONAL INFORMATION **PRC :_____**

MR/MRS/MISS/MS/PROF/DR (Please Circle)

GIVEN NAMES: **SURNAME:**

PASSPORT: NATIONALITY:

DATE OF BIRTH: Day: Month: Year: EMAIL:

Accompanying Person: **PRC :_____**

MR/MRS/MISS/MS/PROF/DR (Please Circle)

GIVEN NAMES: **SURNAME:**

PASSPORT: NATIONALITY:

DATE OF BIRTH: Day: Month: Year: EMAIL:

DOMESTIC AIR TICKETS JOHANNESBURG – MANTIZI-JOHANNESBURG

NO OF TICKETS REQUIRED:___

The one way JNBMTS total fare ZAR1415.00 PER PERSON INCLUSIVE OF ALL TAXES.
The one way MTSJNB total fare ZAR1169.00 PER PERSON INCLUSIVE OF ALL TAXES*
The return total fare JNBMTSJNB ZAR2476.00 PER PERSON INCLUSIVE OF ALL TAXES.*
***EXCEPT DEPARTURE TAX OUT OF MTS.**

DEPARTURE DATE: --/--/---- **RETURN DATE: --/--/----**

SA8012 JNB 0650 MTS 0740	☐	**SA8013 MTS 0805 JNB 0900**	☐
SA8010 JNB 0850 MTS 0945	☐	**SA8011 MTS 1020 JNB 1120**	☐
SA7992 JNB 1005 MTS 1055	☐	**SA7933 MTS 1130 JNB 1225**	☐
SA8016 JNB 1300 MTS 1350	☐	**SA8017 MTS 1415 JNB 1510**	☐
SA8008 JNB 1700 MTS 1750	☐	**SA8009 MTS 1820 JNB 1915**	☐
SA8008 JNB 1820 MTS 1910	☐	**SA8009 MTS 1930 JNB 2025**	☐

Please note schedules are subject to change please contact Swazi Airlink for any confirmation on the schedule

PAYMENT INSTRUCTIONS:

1. EFT(electronic transfer) can only be cleared after 72hrs once payment has been made to Airlink, hence the ticket can only be issued after 72hrs(once payment has been received.
2. Credit card payment:*if the passenger is the credit card holder please include your credit card number/ expiry date and the CVV number(last 3 digits at the back of the credit Card.
   *If the passenger is not the credit card holder but a sponsor please advise Thabile and she will fax/email you a credit card authority form to be filled out, copies of the credit card front and back as well as a copy of the credit card holders ID/Passport to be faxed/emailed to Thabile.

IMPORTANT

Please return this form to Thabile Kgomo please email her on thabilek@flyairlink.com and copy to lisav@flyairlink.com Fax No: 00 27 11 451 7368