



## MUSTIQUE AIRWAYS

### RESERVATION PAYMENT FORM

BOOKING AGENT / CUSTOMER INFORMATION						
Name:		Date: Day    Month    Year				
Phone Number:		Fax Number:				
E-Mail Address:						
FIRST TRAVEL SECTOR			RETURN TRAVEL SECTOR			
TYPE OF SERVICE Private Charter <input type="checkbox"/> Shared Charter <input type="checkbox"/>			TYPE OF SERVICE Private Charter <input type="checkbox"/> Shared Charter <input type="checkbox"/>			
Date of Travel: Day    Month    Year			Date of Travel: Day    Month    Year			
Route – From:			Route – From:			
Route – To:			Route – To:			
Time:			Time:			
International Flight Number:			International Flight Number:			
Local Contact:			Local Contact:			
PASSENGER INFORMATION						
1	Full Name		Date of Birth	Passport Number	Passport Expiry Date	Nationality
			Day    Month    Year			
2	Full Name		Date of Birth	Passport Number	Passport Expiry Date	Nationality
			Day    Month    Year			
3	Full Name		Date of Birth	Passport Number	Passport Expiry Date	Nationality
			Day    Month    Year			
4	Full Name		Date of Birth	Passport Number	Passport Expiry Date	Nationality
			Day    Month    Year			
5	Full Name		Date of Birth	Passport Number	Passport Expiry Date	Nationality
			Day    Month    Year			
6	Full Name		Date of Birth	Passport Number	Passport Expiry Date	Nationality
			Day    Month    Year			
7	Full Name		Date of Birth	Passport Number	Passport Expiry Date	Nationality
			Day    Month    Year			
8	Full Name		Date of Birth	Passport Number	Passport Expiry Date	Nationality
			Day    Month    Year			
9	Full Name		Date of Birth	Passport Number	Passport Expiry Date	Nationality
			Day    Month    Year			