Special Offer for Travel Agent Staff

	Date of Re	quest:			
Surname/Name of Passenger:					
Surname/Name of accompanyin	ng passenger :				
Agency Address:					
Street:					
Town:					
Agency IATA Number:					
Phone Number/Fax:					
Company Email Address:					
		•			
Date of Departure	Alternative Dates		From	То	
Return Date	Alternative Dates		From	То	
Rooking Peference	(For office use only)				
Booking Reference (For office use only)					
I confirm that the applicant who filled this requ	uest is an employee of my ager	ncy working on a	a permanent co	ntract	
City/Date	Stamp/Signature of the director of the Travel Agency				
City/Date	Stamp/Signature of applicant				

