



Rano Air Limited

RC: 1618851

TICKET REFUND FORM

FORM TO BE FILLED IN BLOCK LETTERS

Date of Application_____

PASSENGER

Passenger Name_____

Should refund be requested for all names or PNR kindly fill out names of all passengers on the PNR

Contact Address_____

Email Address_____ Phone No_____

Booking Ref_____

Flight Date_____ Route: Outbound_____ To:_____

Flight Date_____ Route: Inbound _____ To: _____

Route for which Refund is requested: Inbound _____ to _____

Outbound _____ to _____

Reason for Refund _____

HOW DID YOU PAY FOR THE TICKET?

Online Card payment ☐ Online Bank Transfer ☐ POS Payment ☐ Payment at Bank ☐ Others ☐

NOTE:

- Rano Air Ltd always reserves the right to make a refund in the manner and same currency used to pay for the ticket.
- Refund for credit/debit card purchases will be made only to the credit/debit card account used to purchase the ticket, and may take up to one month before appearing on the card statement.

ACCOUNT DETAILS:

Name of Account/Card Holder _____ Card Number

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Must match the account number provided *first 5 digit and last 4 digit*

Name of Bank: _____ Account Number _____

Signature _____ Date _____

Please note that for refund to a company, letter of authorization on company letterhead is required.

The passenger hereby warrant that the banking details and all other information provided are true and correct and authorize Rano Air Ltd to effect payment in line with the payment instructions indicated above.

Note: All refund request are subject to verification by Rano Air Ltd minimum of one month from the date of submission.

FOR OFFICIAL USE ONLY

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Website: www.ranoair.com **Email:** info@ranoair.com

Directors: Alhaji Auwalu Abdullahi Rano(Chairman), Alhaji Adamu Abdullahi Rano, Alhaji Aliyu Saidu, Barrister Usman Mohammad Oloje, Capt. Mujib Ado Jibiya

TICKET REFUND FORM

STATION MANAGER (IF APPLICABLE) OR STATION ACCOUNTANT

Station _____ ETD of Flight _____

Flight Cancelled by: Rano Air ☐ Passenger ☐

Remark _____

OCC Reason for Flight Delay/Cancellation _____

_____ Sign & Date _____

COMMERCIAL UNIT

Class of Ticket _____ Ticket Validity _____

Checked in Yes ☐ No ☐ Ticket Sold by: Agent ☐ Online ☐ Airport ☐ Others ☐

Comment _____

APPLICABLE CHARGES CALCULATIONS:

=N=

=N=

Ticket Cost _____ Commercial officer's Name _____

Less: No show _____ Sign & Date _____

Cancellation fee _____

Admin Charges _____

Others _____

Total Deductible _____

Total Balance Payable _____

INTERNAL CONTROL UNIT

Ticket Confirmation _____ Ticket Validity _____

Remark _____ sign & Date _____

MANAGEMENT APPROVAL

Accountable Manager or Executive Director _____

Sign & Date _____

FINANCE DEPT.

Date registered with Account Unit _____ Sign & Date _____

Amount Refunded _____ P.V No./Payment Date _____

Account Officer Name _____ Sign & Date _____