



INDIVIDUAL REDEMPTION APPLICATION FORM

Card Holder's Full Name

Membership Number

ID Number

Date of Request

Passenger Name

Email Address

City

Country

Tel Number

Airline Ticket Excess Baggage

Excess Weight Requested

Date of Departure

Departure Point

Destination Point

Flight No/Time of Flight

I agree for order to be processed according to the terms and conditions (refer to www.airbotswana.co.bw).

Member Signature

OFFICIAL USE ONLY

- N.B. 1) Scan and email the form to teemaneclub@airbotswana.co.bw or drop it or fax (267) 397 4802
 2) Member should receive an award within 2 days after the office has received the redemption form

Redemption Administered by

Accepted Declined

Date _____ Signature _____



COMPANY REDEMPTION APPLICATION FORM

Company Name	
Company Contact	
Company Contact ID Number	
Date of Request	
Passenger Name	
Email Address	
City	
Country	
Tel Number	

Airline Ticket
 Excess Baggage

Excess Weight Requested	
Date of Departure	
Departure Point	
Destination Point	
Flight No/Time of Flight	

Authorizing Officer

Name _____ Signature _____

OFFICIAL USE ONLY

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 2) Member should receive an award within 2 days after the office has received the redemption form

Redemption Administered by	
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Accepted
 Declined

Date _____ Signature _____