



# form of indemnity

Station/agent IATA stamp

\* Delete where not applicable

Section A – \*Details of lost travel document(s)

Date \_\_\_\_\_

Lost/mislaid		Delayed in mail	
Stolen		Extracted in error	

Lost ticket number

Lost coupon(s) 1  2  3  4

Lost conjunction details (if applicable) \_\_\_\_\_

Itinerary of lost coupon(s) \_\_\_\_\_

Issued by (name and address of issuing office) \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_

I the undersigned request you to issue me either a replacement of the above mentioned documents or such other replacement documents as british midland may deem necessary, and in consideration of such issue, I hereby undertake and agree:

- (1) to pay british midland the fare or other value of the duplicate documents issued if and to the extent that the lost or mislaid travel documents are used by any person or a refund is made in respect thereof.
- (ii) to return to british midland the said documents in the event of my recovering possession thereof at any time.
- (iii) to advise british midland, should it come to my knowledge at any time, that another person has come into possession of the said documents.
- (iv) to pay british midland an administration fee applicable at time of transaction for each new travel document issued, or refund made, against a lost or mislaid travel document.

Section B – \*Loss or irregularity of passport, via and/or health certificate

I the undersigned hereby acknowledge that my attention has been drawn to the possible consequences to myself and british midland of my travelling without a passport/visa/health certificate or with an invalid passport/visa/health certificate. There is not sufficient time for me to have my passport/visa/health certificate replaced or put in order but I nevertheless elect to travel and undertake in consideration of being allowed to do so to indemnify british midland its servants and agents from and against all claims, costs, damages, expenses or liabilities arising directly or indirectly out of such.

Section C – To be completed by passenger in all cases.

Passengers name and permanent address \_\_\_\_\_

Signature of passenger \_\_\_\_\_

Witness \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

stamp if
local law
requires

Section D\*

Replacement ticket number

Sales report reference \_\_\_\_\_

Service charge collected? Yes  No  If no state reason \_\_\_\_\_

\_\_\_\_\_ Authority \_\_\_\_\_

Distribution: white - revenue accounts, blue - issuing office, pink - passenger