

REFUND REQUEST FORM

*First Name:	*Last Name:
*Date of Travel:	*Flight Number:
*Reservation Number:	*Type of Refund Request <input type="checkbox"/> Ticket Refund Request <input type="checkbox"/> Baggage Fees <input type="checkbox"/> Seating Fees <input type="checkbox"/> Animal Travel Fees
*Phone Number:	*Email:
*Mailing Address Line 1:	
Mailing Address Line 2:	
*City/Town:	*Province/State:
*Postal Code/Zip Code:	*Country:
*Original Method of Payment <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Other	

Please note the following:

- Any field with an (*) is a mandatory field. The request form will not be processed without all required information.
- Calm Air will respond within 30 days upon receipt of this application.
- Refund requests can be submitted electronically on our website at www.calmair.com.
- If manually completing this form, please mail to Customer Service Claims, Calm Air International LP at the below address:

Calm Air International LP
Corporate Head Office

☎ 1 800 839 2256

930 Ferry Road | Winnipeg, MB R3H 0Y8 CANADA

