REFUND REQUEST FORM

*First Name:	***Last Name:**
*Date of Travel:	***Flight Number:**
*Reservation Number:	***Type of Refund Request** ☐Ticket Refund Request ☐Baggage Fees ☐Seating Fees ☐Animal Travel Fees
*Phone Number:	***Email:**

*Mailing Address Line 1:
Mailing Address Line 2:

*City/Town:	***Province/State:**
*Postal/Zip Code:	***Country:**

*Original Method of Payment Used: ☐Credit Card (refunded to original form of payment) ☐Debit ☐Cheque ☐Other – please specify:_____
*Preferred Method of Refund: ☐Cheque sent to mailing address on this form (4-6 weeks to process) ☐Electronic Fund Transfer (EFT) – copy of VOID cheque must be included with request form (2-3 weeks to process)

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 indicated in the form's footer.