Letter of Indemnity for E-Bookings



Ι,			(holder of
NIC/Passport Noappropriate) Credit Card/ Dark first four digits and the last to as "Purchasing Card") is f	Debit Card/Direct Debit Action four digits of the card, expense by	authorize the use of count No g. 1234 ×××× ×××× 4 _ (insert issuing organis	my personal (delete as Please insert 4568) (hereinafter referred Pation) bearing expiry date
	Ticket Number	- -	
Details of the Card Holde			
Name:			
Postal Address:			
Mobile Number:	Residenti	al Telephone Number: _	
E-Mail Address:			
 I will submit the Purand/or information wagents or representa I will not to make an use of my Purchasing I will indemnify and locost or expense aris acceptance and/or account issuer and demand. I have duly read and 	rithin the times and in the tives) in connection with to claim against SriLankan against SriLankan and for the purchase of the Prejection of the Purchasing shall pay SriLankan Air	tion purposes together of manner required by Sril he purchase of the above Airlines Limited on accor- tickets/travel of the above Airlines Limited from and furchasing Card, including for any reason dines Limited forthwith	ount of or in relation to the ve passengers; against any loss, damage, ng but not limited to nonby the relevant payment the whole amount upon re and any other condition
Name & Signature of Card Holder			rate

Notes to the Card Holder:

- 1. This document is to be signed **ONLY** in the presence of a SriLankan Airline's staff or a nominated staff member of the Airline.
- 2. The signatory of this document is required to present the Purchasing Card, a photo identity, &/or proof of contact number, residential address &/or email address as appropriately required by an airlines staff to complete the verification process.
- 3. The information in this document is strictly confidential and will be securely stored by Sri Lankan Airlines Limited for a period no longer than is deemed required by Sri Lankan Airlines Limited.

FOR OFFICE USE ONLY

This document and the card is verified and approved by

Full Name: ______ Designation: ______

Staff No. _____ Date ____