

AIR NIUGINI UATP INDIVIDUAL PREPAID ACCOUNT
APPLICATION FORM

01. *FULL NAME OF APPLICANT: _____

Mr/Ms/Mrs/Dr/Other, Firstname : _____

Surname : _____

02. *RESIDENTIAL ADDRESS : _____

03. *BILLING ADDRESS: _____

*Email: _____

Telephone: _____ *Mobile: _____

04. FULL NAME OF AUTHORIZED PERSON TO MAKE TRAVEL ARRANGEMENTS

First Name: _____ Surname: _____

Relationship to applicant: Spouse / Parent/ Sibling / Other relative

05. EMPLOYER NAME : _____

ADDRESS : _____

06. PRINCIPAL APPLICANT'S IDENTITY :

(i) Passport No : _____

(ii) Or National ID No : _____

(iii) Or Drivers' License No : _____

(iv) Or Employment ID No : _____

(Only if above 3 are not available)

I confirm that I/we are authorised to act on behalf of the applicant and certify that the above information is true and correct to the best of my knowledge.

I have read and agree to the Terms & Conditions

A duly signed Air Niugini –UATP subscriber's agreement is made.

Name : _____ Name : _____

Signature : _____ Signature : _____

Date : _____ Date : _____

ANNEXTURE

Schedule of Fees

Valid as at 1 December 2014

Paper Statement Fee: PGK100 plus GST per billing statement

Paper document fee: PGK 20 plus GST per document

This application form is designed for Individual customers who wish to open prepaid accounts with Air Niugini-UATP.