



**DEPOSIT GUARANTEE FORM**

EMAIL: [newzealand@qantasgrouptravel.com](mailto:newzealand@qantasgrouptravel.com)

**QUOTE REF:** \_\_\_\_\_

This form constitutes an irrevocable undertaking and guarantee by the Agent / Wholesaler ..... **[Insert company name]** below and relating to the dollar value \$ ..... **[insert total of deposit ]** being the non refundable deposit amount to Qantas Group Sales for groups which hold confirmed seats on the Qantas flight / flights detailed below. The non-refundable deposit is calculated at **NZD50** (economy) **NZD100** (business) per individual for short haul flights (Tasman and Dom Australia).

This guarantee does not cover group bookings for Special Events.

The undertaking and guarantee is in conjunction with the Group Quote and Group Booking conditions and supersedes payment by the Agent / Wholesaler of an actual deposit by cheque or EMD.

Upon completion the guarantee is to be returned to the Qantas Groups Department no later than 14 days after confirmation of the flights. Failure to return the guarantee form will result in the cancellation of the seats by Qantas Airways.

**Any cancellation of seats inside the below timeframes will result in an **ADM**# for the deposit, cancellation fee or full nett value of each seat cancelled. \*\* Please see [Qantas General Group Conditions](#) for full details.**

In consideration of Qantas' acceptance of the Group booking/s stated below the agent / wholesaler/ consolidator agree by signing this form that if any seats for the Group are cancelled the agent / wholesaler will pay the per seat deposit amount specified on the Qantas Deposit Guarantee Form pursuant to Qantas' ADM to your Company

*#Issuing an ADM will incur an additional NZD 50.00 ADM fee*



**DEPOSIT GUARANTEE FORM**

EMAIL: [newzealand@qantasgrouptravel.com](mailto:newzealand@qantasgrouptravel.com)

**GROUP NAME:** \_\_\_\_\_

**AGENCY:** \_\_\_\_\_

**AGENCY IATA/TIDs:** \_\_\_\_\_ *(incl check digit)*

**PNR'S INVOLVED:** \_\_\_\_\_

**NO. OF SEATS:** \_\_\_\_\_ **DATE OF DEPT:** \_\_\_\_\_

**AMOUNT OF DEPOSIT HELD:** \_\_\_\_\_

**DATE NON REFUNDABLE FROM:** \_\_\_\_\_

**SIGNATURE OF AUTHORISED OFFICER OF AGENT / WHOLESALER:**

\_\_\_\_\_

**NAME IN BLOCK LETTERS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_