



APPLICATION FOR REDUCED FARE TRANSPORTATION RESOLUTION 880

NB: Complete form and email to: gfstaffandindustrytravel@qantas.com.au
Ticket will be issued with first available flights.
Please allow 10 working days Advance Purchase.
Photocopy this form when further copies required.

NAME OF APPROVED OFFICE WHERE CONSULTANT IS EMPLOYED IATA

NUMBER:

ADDRESS:.....

NAME OF CONSULTANT:.....

NAME OF ACCOMPANYING SPOUSE (if applicable):.....

POSITION/TITLE OF EMPLOYEE:.....

TAC CARD NUMBER:.....

PHONE NUMBER:..... **FAX NUMBER:**.....

DETAILS OF ITINERARY REQUESTED:

FROM:	TO:	FLIGHT NO:	DATE:	CLASS REQ:
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First Option:

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Second Option:

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Third Option:

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The undersigned being duly authorised on behalf of the Accredited Agent has read and understood the terms and conditions of Resolution 880 and declares that this application is made in accordance with those terms and conditions. In particular, the clauses relating to eligibility of the Agent and eligibility of the person travelling have been noted. We undertake to pay the amount of the fare due to the Airline as a consequence of this Application. We further undertake to pay the full applicable fare for each sector for which the transporting Airline's concurrence has been refused and to remit such amount within 15 days of billing by the Airline whose ticket has been issued. It is understood that we must inform you of any change of eligibility and we will thereupon return any tickets issues in response to this Application. We certify that the information submitted in this application is complete and accurate in all respects. We understand that any material misrepresentation on this application will result in action being taken under Resolution 800e, 804e, 810e, 810f, 812e, 814e or 816e as appropriate. Such action may include forfeiture of reduced fare transportation privileges.

AGENTS SIGNATURE:.....**MANAGERS SIGNATURE:**.....