



TRAVEL INDUSTRY DISCOUNT FARE APPLICATION FORM

TOUR CODE: AR17L02 **AMOUNT OF DISCOUNT:** _____%

APPLICANT NAME: _____

(Last Name / First Name)

(Occupation and/or Title)

(Name of Firm, Organization or other identity)

(Application Date)

APPLICANT CONTACT NUMBER: _____

APPLICANT E-MAIL ADDRESS: _____

| *FROM | *TO | FLIGHT NUMBER & TRAVEL DATE |
|-------|-----|-----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

*IMPORTANT-Cross out un-used space

#Tariff charges will be collected for any excess

COMPANION: _____

(Last Name / First Name)

APPLICANT: _____

(Signature)

(Title and Location)

(Date)

RECOMMENDED BY: _____

(Supervisor's Signature)

(Title and Location)

(Supervisor Name – Please Print)

(Date)

Please return the application form along with copies of passport, credit card, business card and RAIC (both sides – Picture and Name) to yvr297@china-airlines.com or by fax at 604-242-1166

The office where reduced rate ticket is to be issued is hereby authorized and directed to issue transportation as indicated on the original copy of this form when approved by the official indicate below:

APPROVED BY: _____ General Manager / Sales Manager _____

(Signature)

China Airlines Canada Branch

(Date)

This authorization expires 30 days after above date of approval.

HOW TO USE THIS FORM: This request must be made by a Department Head, District Manager, Sales Manager, Traffic Manager, or higher authority who should prepare copies for those shown in the upper right-hand corner.

APPLICATION HANDLER: _____ **TICKET ISSUED BY:** _____

Attach original to Sales Report with auditor's coupon of ticket(s) Issued and Forward to Finance Division with Daily Sales Report

CHINA AIRLINES CANADA BRANCH OFFICE

240-10451 Shellbridge Way, Richmond, B.C. V6X 2W8, Canada

Tel: 604-242-1168

Fax: 604-242-1166