E	Sky	4	CX.	lvia	ti	on	Se	erve	ice	25	Ltd.	
				Rebat	e A	ppli	catior	Form	1			
Reb	ate Ap	plic	ation	for Tra	velo	on 📗	FZ if	OAL th	en me	ention	Carrier :	
	T				Per	sonal Ir	nformation	1		Date:		
1. Staff Name:										2. Staff I	D:	
3. Designation:										4. DQJ:		
5. Department:							6. Station:					
7. Location:												
8. Type of Travel:	ID00		ID90	ID5	0	ID75	9. Passpo	rt Number:				
					Tra	avel Info	ormation					
10. Travel Details (S												
11. Date of Travel:												
12. Date of Return:												
13.Flight Details:												
14.Baggage Require												
15. Previous Details	of Rebate	on Fz	Z or OA	L:								
					16. F	Passeng	jers Name					
Name						Relatio	nship	Age of Children		Passport Number		mber
a.												
b.												
C.												
d.												
e.												
17. Remarks:												
		Circostrato et Cheff										
Signatute of Staff Office Use Only												
			Δ		7 6			D00] ,,,,,,)	
19 Dobato Approve	al.		Appro		If A	ID00		D90	ID50	<u> </u>	D75	
18. Rebate Approv	al.	100	Not App		III Ab	proved	PNR					
		19.Sp	bedal In:	struction:								
20. HR Comments	:											
_	Checked	Б										
					Apı	proved	By Mai	naging Directo	or			
N	ote: Staf	f Rel	oate A _l	plication	n for	all staf	fs dedica	ated to fl	yduba	i in Baı	ngladesh.	