ROYAL SKIES

MILEAGE POOLING AUTHORISATION REQUEST

MEMBERS DETAILS

Royal Skies Membership Number |__|__|__|__|__|__|__|__|__|

Name as printed in Passport |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Date of Birth |__|__| |__|__| |__|__|__|__|
d d m m y y y y

Home Phone |__|__|__| |__|__|__|__| |__|__|__|__|__|__|__|__|__|__|
Country code Area code Telephone number

Business Phone |__|__|__| |__|__|__|__| |__|__|__|__|__|__|__|__|__|__|
Country code Area code Telephone number

Mobile Phone |__|__|__| |__|__|__|__| |__|__|__|__|__|__|__|__|__|__|
Country code Area code Telephone number

Fax |__|__|__| |__|__|__|__| |__|__|__|__|__|__|__|__|__|__|
Country code Area code Telephone number

**Email Address ______________________________

DETAILS OF RECIPIENT ACCOUNT

Recipient's Royal Skies membership number |__|__|__|__|__|__|__|__|__|

Recipient's Passport Name (as appears on membership card) |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Home Phone |__|__|__| |__|__|__|__| |__|__|__|__|__|__|__|__|__|__|
Country code Area code Telephone number

Business Phone |__|__|__| |__|__|__|__| |__|__|__|__|__|__|__|__|__|__|
Country code Area code Telephone number

Mobile phone |__|__|__| |__|__|__|__| |__|__|__|__|__|__|__|__|__|__|
Country code Area code Telephone number

Fax |__|__|__| |__|__|__|__| |__|__|__|__|__|__|__|__|__|__|
Country code Area code Telephone number

**Email Address ______________________________

MILEAGE TRANSFER DETAILS

How many miles do you wish to transfer? |__|__|__|__|__|__|__|

TERM & CONDITION

1. The member authorising the mileage transfer must sign the form, NOT the member receiving (recipient) the miles.
2. Mileage pooling is allowed once per year between two (2) accounts only.
3. Please allow ten (10) working days for your transfer request to be processed.
4. Miles transferred are 'NOT' for the purpose of selling or exchanging for cash to the recipient.
5. Redeposit of miles is not allowed once transferred.

By signing below, I authorise the transactions as indicated above.

______________________________ Date: ______ / ______ / _______ (DD / MM / YYYY)

SIGNATURE (for minors (under 18 years of age) both parent's signature required)

For use by RSSC - Agent	
Processed (Incl.deduction) by:	___________
Total miles deducted:	___________
Date actioned:	___________
ID Track No.	___________
Date contact member:	___________
Remarks:	___________
For use by RSSC - Supervisor	
Verified by:	___________
Date verified:	___________
For use by RSSC - Manager	
Approved by:	___________
Date:	___________

MAIL OR FAX TO:

Royal Skies Service Centre, P.O.Box 737, Bandar Seri Begawan BS8671, Negara Brunei Darussalam.

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