



APPOINTMENT OF TICKETING AGENT

To be filled in by agent and submit to airline concerned to request for ticketing appointment

(*) Required Field

Attention:	Managing Director	Of	NOVOAIR Limited
* From	(Name of Applicant)	Of	(Name of Agent)
IATA Code (If Available)	TEL:	FAX:	
* Registered Address:			
* Present Address:			
* Email Addresses:			

Dear Sir, We seek your kind approval to issue tickets on behalf of your Airline.

* Requested By: (Name & Designation)		Company Stamp & Date
* Authorized Signature:		
* Deposit Amount: (Example: BDT 5XXXXX or USD 5XX)		<u>Form of Deposit</u> <input type="checkbox"/> Cash <input type="checkbox"/> Bank Guarantee
* Key Contact Person 1:		Cell:
Key Contact Person 2:		Cell:

(To be filled up by Airline to execute ticketing appointment)

This Agent is authorized to issue ticket from _____
(Date)

Agency ID: _____
(To be generated by NOVOAIR)

Remarks:

Approved By
(Seal & Signature)