

# RESOLUTION 880

Attachment 'A'

**XYZ TRAVEL AGENT**  
**(use Travel Agency letterhead)**  
**APPLICATION FORM**

**REDUCED FARE TRANSPORTATION RESOLUTION 880**

IATA Airline to which Application is made: .....

Address of Approved Location/Administrative Office where person travelling (passenger) is employed (or to which he reports).....

Office Telephone No.: .....

Family name of passenger..... Mr/Mrs/Miss

First name and initial of passenger: .....

Position/Title of Passenger: .....

Given name of accompanying spouse, (if applicable): .....

Details of Itinerary Requested (reservations to be made by the Agent):

From	To	Airline	Flight No.	Date
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

The undersigned being duly authorised to sign 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 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 in eligibility and we will thereupon return any tickets issued 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, 810g, 812e, 814e or 816e as appropriate. Such action may include forfeiture of reduced fare transportation privileges.

Name: .....

Position in agency: .....

Signature: .....

Official Stamp of the Agent: .....

Date of this Application: .....

**CERTIFICATION TO AIRLINE FOR SPOUSE TRAVEL**

I hereby certify that the person above and accompanying me on the travel applied for is my spouse. I am familiar with the restrictions governing our joint travel as outlined Resolution 880, Subparagraph 4. I have not received from you a reduced fare spouse's ticket during this calendar year.

Mr/Mrs .....

(Signature of passenger named in Application)

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