

King Rewards Redemption Form



To book the applicable King Rewards on Kingfisher Airlines or our Airline Partners, please complete this form and fax it to us. We will send you a Redemption Reservation status advice within three working days, informing you of any applicable charges and information on how to collect your tickets.

Please fax your completed form to +91 20 6644 9488

Please complete this fo	orm in BLOCK letters and tick	where appropriate	∍.	
1. MEMBER'S DETAILS				
Membership Number:		Passport Number:		
Name (as it appears on your Kin	ng Club membership card / online profile)		
☐ Mr ☐ Ms ☐ Mrs ☐ Othe	er (please specify)			
First Name		Middle Name		Last Name
Email ID:		I I I I I I I		
Tel: Country code Ar	rea Code Number	Mobile:	Country code	Number
2. KING REWARD REDEMPTI			obanity bodo	Train bot
Please redeem my King Miles fo	r the following King Reward			
Name of Guest:				
1. Mr / Ms / Mrs	First Name	Middle Name	Last Name	Age
2. Mr / Ms / Mrs	First Name	Middle Name	Last Name	Age
3. Mr / Ms / Mrs		Middle Name	Last Name	LLL Age LLL
4. Mr / Ms / Mrs		Middle Name	Last Name	Age
Type of King Reward:	Filst Name	wildale Name	Last Name	
☐ Kingfisher Airlines ☐ Airline	Partner - Name of Airline:			
Upgrade to Kingfisher First u	using King Miles Booking reference (P	PNR)		
3. FLIGHT ITINERARY:			Signature:	
Origin	Destination	Flight No.	lass of Date	Departure Arrival
	Destillation	A A	ward*	Time Time
Preferred itinerary				
Alternative itinerary				
,				
* Kingfisher First, Kingfisher Cla	ass, Kingfisher Red or specify for Airline	e Partner		
Meal Preference: Vegetarian	□ Non-Vegetarian □ Other (please	specify)		
4. MODE OF TICKET DELIVER	RY:			
Collect at the ticket counter				
☐ e-ticket My email ID*: ☐	* Fmai	I I I I I I I I I I I I I I I I I I I	given in the King Club profile.	
5. MODE OF PAYMENT OF TA			,	
	ward ticket/s at the ticketing counter (cas	sh or credit card)		
☐ At the King Club Service Cen	ntre (credit card only)			
6. CREDIT CARD DETAILS				
I authorise the King Club Service	e Centre to debit my credit card, as follow	ws:		
Name on Credit Card:				
Credit Card Number:				
Credit Card Type: MasterCard	rd 🔲 Visa 🔲 American Express Cards	☐ Diners Club Internat	tional	
Expiry date: M M Y Y Y				
M M Y Y Y	Y d reverse of your credit card to the King C	Club Service Centre, for o	our records. The copy must	carry your authorised signature.
I agree to abide by the Terms and	nd Conditions governing the King Reward	ds ticket redemption.		
Date:			Signature:	