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**Personal Details – Passenger 1 (Lead Passenger)**

Name in full (*as per passport*): \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

24hr Contact Tele No: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Passport No: \_\_\_\_\_ Expiry Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Emergency Contact in the UK – Passenger 1:** (*Please provide full name, address & contact telephone number*)

\_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Personal Details – Passenger 2** - Relationship to Passenger 1: \_\_\_\_\_

Name in full (*as per passport*): \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Passport No: \_\_\_\_\_ Expiry Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Emergency Contact in the UK – Passenger 2:** (*Please provide full name, address & contact telephone number*)

\_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Personal Details – Passenger 3** - Relationship to Passenger 1: \_\_\_\_\_

Name in full (*as per passport*): \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Passport No: \_\_\_\_\_ Expiry Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Emergency Contact in the UK – Passenger 3:** (*Please provide full name, address & contact telephone number*)

\_\_\_\_\_

\_\_\_\_\_

Tel No: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**Service Details of Veteran / Person Killed in Action (During the Conflict) – if applicable**

Service No: \_\_\_\_\_ Rank Held: \_\_\_\_\_ Unit/Ship: \_\_\_\_\_

Name of Person Killed in Action: \_\_\_\_\_

**For Veterans**

Does the Lead Passenger hold the South Atlantic Medal? Yes  No

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**Dates for your flights**

To the Falkland Islands

To the United Kingdom

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

**Address in the Falkland Islands:** \_\_\_\_\_

Tel No: \_\_\_\_\_

**You must confirm that you have reserved your accommodation before submitting this flight application.**

Do any passengers require wheelchair or other assistance: Yes  No

*If yes, please provide details:* \_\_\_\_\_

Do any persons requesting a flight have any medical conditions that might affect their ability to travel or stay in the Falkland Islands: Yes  No

*If yes, please provide details:* \_\_\_\_\_

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**Terms and Conditions of Acceptance**

1. All Concessionary Flights are at the sole discretion of the MoD.
2. Only holders of the South Atlantic Medal and next of kin of those Killed in Action can apply for a Concessionary Flight using this form.
3. All passengers must have full worldwide travel, medical and repatriation insurance.
4. All passengers are responsible for transportation costs to and from RAF Brize Norton and Mount Pleasant Airport.
5. All passengers must have sufficient funds to cover the cost of a commercial flight to the United Kingdom, if required.
6. All passengers must have confirmed accommodation in the Falkland Islands.

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Please accept my application for a Concessionary Flight to and from the Falkland Islands. I confirm that I am eligible for the scheme and accept the Terms and Conditions herein. I also confirm that all persons named have full worldwide travel, medical and repatriation insurance.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**When complete, please return this Flight Application Form to:**

South Atlantic Medal Association 1982, Unit 25 Torfaen Business Centre, Panteg Way, New Inn, Pontypool, Torfaen NP4 OLS