



INTERNATIONAL FLIGHT BOOKING APPLICATION FORM

1. Name.....ID NO.....

2. Mobile Number Email address.....

3. Credit Card No.: XXXX . (Only first 4 and last 4 digits).

4. KCB account Number (if applicable)

5. Please fill below table for your flight booking and attach an invoice from magical Skies

(Refer invoice provided for your flight cost or contact kcb@magicalskies.com call 0731041544 /020 2329951)

Travel Destination	Invoice validity period	Total Cost for flight
TOTAL PRICE		

I authorize KCB Card Centre to debit my Credit card account with Kes on a monthly basis for Months on the card due date, being payment for my flight booking made by Magical Skies as per the invoice.

Repayment period (months)	Tick your selection
3 Months	
4 Months	
5 Months	
6 Months	
7 Months	
8 Months	
9 Months	
10 Months	

I understand that by signing this request, I have agreed to be fully liable in fully paying for flight purchased and that I read and agreed to the terms and condition outlined for flight booking under credit card instalment plan

Signature Date.....

(Customer to sign)

FOR OFFICIAL USE ONLY

PAYMENT	AMOUNT (KES)	APPROVAL CODE	SIGN
1 ST Instalment			
Balance			

SignatureDate.....

(KCB Card Center official to sign)