



DISCHARGE FORM FOR ONBOARD STORAGE OF MEDICAL ITEMS FOR PASSENGERS

I, the undersigned hereby acknowledge having requested for onboard storage facilities for the following medical item(s) (describe nature of medical item including its expiry date)

.....
on flight MK.....traveling on sector.....-.....on/.....20....

I hereby agree to discharge Air Mauritius Ltd, its directors, officers, employees and agents from any liability in any circumstance, and against any claim, suits, proceedings, costs, expenses, liability whatsoever incurred by Air Mauritius as a result of or a consequence of or incidental to the storage of my medical items on the above mentioned flight.

Passenger’s Name and permanent Address.....

.....
.....

Passport No:

Place and Date of Issue :

ACKNOWLEDGEMENT RECEIPT

<u>At Boarding</u>	<u>Prior Landing</u>
Signature of Passenger:	Signature of Passenger:
Name of CC:..... Signature CC:	Name of CC:..... Signature CC:

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