

Form of Indemnity Bond

Name of Passenger

Flight No.

Date:

Sector

I, ----- daughter/wife of -----hereby state that my expected date of confinement is -----and as on to-day (date of travel), I am in the _____ week of pregnancy.

1. I am in normal health without any complications

Or

2. I am enclosing a medical certificate from my doctor dated ----- certifying my fitness to travel by air in a sitting position.

(Please tick whichever is applicable. In case a medical certificate is submitted, the MC should be dated not more than 7 days prior to the date of travel)

I also hereby indemnify and hold harmless the said carrier and/or carriers, their directors, servants and agents from and against all claims, liabilities, losses, cost and expenses of whatever nature which may be made against them or incurred by them arising directly or indirectly out of my decision to perform my journey.

Signature of the Passenger

Nationality

Permanent Address

Passport No.

(Not applicable for domestic travels)

Date/Place of Issue: