

# Partner Airline Reservation Request Form

To reserve the applicable award tickets and flight upgrades on our partner airlines, please complete this form and fax or email back to us. Redemption of flight upgrades are only applicable on selected Star Alliance airlines for eligible booking classes. For more information, please visit [krisflyer.com](http://krisflyer.com)

Please email or fax your completed form to:  
**KF\_contact@singaporeair.com.sg**  
 OR +65 6789 8777

## 1. MEMBERS DETAILS

KrisFlyer Membership Number

Passport Name   
(as it appears on your membership card)

Passport/ID Number

Date of Birth (dd/mm/yy)

Email Address

Home Phone  -  -   
(Country Code - Area Code - Telephone No.)

Mobile Phone  -  -   
(Country Code - Area Code - Telephone No.)

Business Phone  -  -   
(Country Code - Area Code - Telephone No.)

Fax  -  -   
(Country Code - Area Code - Telephone No.)

## 2. RESERVATION DETAILS

All passengers listed here must be nominees in your Redemption Group to be eligible for free flights and upgrades. Please include yourself in this list if you are one of the passengers. Each passenger's name must be the same as it appears on his/her passport.

Passenger's Name \_\_\_\_\_ Passenger's Name \_\_\_\_\_

## 3. FLIGHT DETAILS

Please fill in a complete and accurate award flight itinerary in order for your top-up request to be processed. The booking of your flight itinerary will be completed by KrisFlyer Membership Services, and is subject to availability.

ORIGIN	DESTINATION	FLIGHT NUMBER	DATE (dd/mm/yy)	DEPARTURE TIME	ARRIVAL TIME	CLASS OF AWARD	AWARD TYPE
PREFERRED ITINERARY							
							Free Flight (round-trip)
							Free Flight (one-way)
							Upgrade (one-way)
							Upgrade (round-trip)
ALTERNATIVE ITINERARY							
							Free Flight (round-trip)
							Free Flight (one-way)
							Upgrade (one-way)
							Upgrade (round-trip)

## 4. CREDIT CARD HOLDER DETAILS

Please provide the credit card holder details. Upon receiving the completed form, Singapore Airlines will contact the credit card holder for payment of the purchased miles and applicable taxes, fees and surcharges for the award tickets.

Name of Credit Card Holder

Email

Contact Number  -  -   
(Country Code - Area Code - Telephone No.)

By submitting this form, I hereby represent that:

- I am the true owner of the KrisFlyer account of the details as set out herein;
- All information provided and included into this form are true, accurate and sufficient for the transaction hereunder; and
- I have read and understood, and agree to be bound by all the terms and conditions contained within this form.

DATE (dd/mm/yy) \_\_\_\_\_