TRANSNUSA: CHARTER FLIGHT REQUEST FORM



CHARTER REQUEST CONTACT INFORMATION	
REQUEST DATE	
REQUESTOR NAME	
COMPANY NAME	
ADDRESS	
EMAIL ADDRESS	
CONTACT NUMBER	
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CHARTER FLIGHT INFORMATION	
AIRCRAFT TYPE	(AIRBUS 320 / COMAC ARJ21)
REQUIRED CAPACITY	(Capacity per flight)
CHARTER PERIOD	(Start Date – End Date)
ROUTE INFORMATION	(Jakarta – Timika – Jakarta)
OUADTED DATE INFORMATION	Observation of distance of distance of the second of the s
CHARTER DATE INFORMATION	Starting date of first charter flight
CHARTER DURATION	Weekly or Monthly or Yearly

ADDITIONAL INFORMATION	
CATERING REQUEST	
DANGEROUS GOOD	
CARGO INFORMATION	
OTHER INFORMATION	