

For Customer with Wheelchair – Check List

Thank you for choosing to fly with Sky Angkor Airlines.
 Please let us know your special needs during your travel.

Name	Age	Contact Info	
		Tel	
		Email	

Date	Flight No	From - to	PNR No

1. In order to accommodate your needs, please let us know your walking condition

- () Able to Up/Down steps but unable to walk a long distance
- () Unable to Up/Down steps but able to walk from the boarding door to the seat
- () Unable to walk by him/herself at all

2. Check the Item that matches your condition.

- () Can sit upright with seat belt fastened (during take-off and landing)
- () No needs to use medical Equipment/Devices on board
- () Unable to walk by him/herself at all

3. Do you have any escort to travel with you?

- () No, travel by myself.
- () Yes

Name	Age	PNR No

Please note that Cabin Attendants are not permitted to provide medical, feeding or personal toilet assistance. Customers requiring such assistance are advised to travel with a companion

Name (승객성명) :

Passport No (여권번호) : _____

Signature (서명) :

() I agree to provide my personal information. (개인정보 제공에 동의함)