

Indemnity Bond

It is certified that following individuals flying on Helicopter / Aircraft _____ on _____ are medically fit to fly as passengers:-

Ser	Name	Nationality	CNIC Number
a			
b			
c			
d			
e			
f			

It is further certified that all the above-referred individuals shall be travelling entirely at their own risk. Army Aviation / NLC / FWO or Askari Aviation in no way shall be responsible for insurance or to compensate any losses, injuries or death occurring as a result of any incident or accident.

Name	
CNIC (copy att)	
Home Address	
Tel : Landline / Mobile	
Tel No in case of Emergency	
It is certified that I have deposited 100 % advance for the chartered flight through cash / Bank Draft / Fund transfer	
Signatures:	_____