

NAME	SKYPASS NUMBER		CONTACT NUMBER
IVAIVIE	SKIPASS	NOWBER	CONTACT NOMBER
2. SKYPASS AWARD REDEM	PTION FORM		
TYPE			
AWARD TICKET	UPGRADE	BOOKING REFERENCE NUMBER	
EXCESS BAGGAGE	LOUNGE		
PORTION		CLASS	QUANTITY
			Q0/11/11
PASSENGER NAME			RELATION

## MILEAGE REDEMPTION DETAIL

NAME	SKYPASS NUMBER	MILEAGE TO REDE	EEM SIGNATURE				
MILEAGE REDEMPTION S	SUMMARY						
TOTAL MILEAGE DEDUCT	TION						
AUTHORIZATION NO. (OFF	FICE USE ONLY)						
* This section must be completed by the member's appointed representative. (In case of minor, a legal guardian must complete this section)							
NAME OF REPRESENTATI	VE		SIGNATURE				
SKYPASS NUMBER	RELATION		CONTACT NUMBER				
I hereby request award redemption as above. I certify that all statements made here are true and agree to take full responsibility in compensating any losses or damages to Korean Air incurred by the contents of this application. Also, in case of an application by a representative, I assure that all the rights required have been fully endorsed to this representative.							
DATE (YY-MM-DD)  20	APPLICANT N	MEMBER	SIGNATURE				