

To be completed by SALES OFFICE/AGENT		INFORMATION SHEET FOR PASSENGERS' REQUIRING SPECIAL ASSISTANCE																					
ANSWER ALL QUESTIONS- put a cross (x) in "YES" or "NO" boxes use BLOCK LETTERS or TYPEWRITER when completing this form																							
A	NAME/ INITIALS/ TITLE:																						
B	PROPOSED ITINERARY (airline(s), flight number (s), class (es), date (s), segments (s), reservation status of continuous air journey).				Transfer from one flight to another often requires LONGER connecting time.																		
C	NATURE OF INCAPACITATION :																						
D	IS STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be escorted. No <input type="checkbox"/> Yes <input type="checkbox"/>				Request rate if unknown.																		
E	INTENDED ESCORT (name, sex, age, professional qualification, segments if different from passenger). If untrained, state "TRAVEL COMPANION"				For blind and/or deaf, state if escorted by trained dog.																		
F	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">WHEELCHAIR NEEDED?</td> <td style="width: 10%;">No <input type="checkbox"/></td> <td style="width: 15%;">OWN wheelchair</td> <td style="width: 15%;">Collapsible</td> <td style="width: 15%;">Power driven ?</td> <td style="width: 15%;">Battery type (spillable?)</td> </tr> <tr> <td>Categories are WCHR WCHS WCHC</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Wheelchair category :</td> <td style="text-align: center;">↓</td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> </tr> </table>				WHEELCHAIR NEEDED?	No <input type="checkbox"/>	OWN wheelchair	Collapsible	Power driven ?	Battery type (spillable?)	Categories are WCHR WCHS WCHC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Wheelchair category :	↓	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Wheelchairs with spillable bat- teries are "dangerous goods" and are permitted on passenger aircraft only under certain condi- tions, which can be obtained from the airline(s). In addition, certain countries may impose specific restrictions.
WHEELCHAIR NEEDED?	No <input type="checkbox"/>	OWN wheelchair	Collapsible	Power driven ?	Battery type (spillable?)																		
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	Yes <input type="checkbox"/>	Specify destination address:																					
H	OTHER GROUND ARRANGEMENTS NEEDED																						
1	Arrangements for delivery at airport of DEPARTURE																						
2	Arrangements for assistance at CONNECTING POINTS																						
3	Arrangements for meeting at airport of ARRIVAL																						
4	Other requirements of relevant information																						
I	SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED, such as : special meals, special seating leg-rest, extra seat(s), special equipment etc.																						
J	DOES PASSENGER HOLD A "FREQUENT TRAVELLER'S MEDICAL CARD (FREMEC)" VALID FOR THIS TRIP?																						
K	Passenger's Signature _____																						

 For **Biman** BANGLADESH AIRLINES

Signature _____