



GROUND OPERATIONS - FORM OF INDEMNITY

FORM OF INDEMNITY

Station: HAMBURG

Date: 15/2/2025

IN RESPECT OF LOSS OR IRREGULARITY OF MEDICAL CLEARANCE

I, the undersigned, hereby acknowledge that my attention has been drawn to an irregularity in my medical clearance and to the possible consequences to myself and PEGASUS AIRLINES of my travelling by air without the same in order.

I did not submit my medical clearance even it has been required by Pegasus Airlines, but I nevertheless elect to travel and agree, in consideration of being allowed to do so,

- A. To bear myself any consequent loss, expense, delay or damage which may occur to me,
- B. To indemnify Pegasus Airlines, their agents and servants against all claims, costs, penalties, fines, demands and liabilities whatsoever in relation there to.

Passenger Information:

Name, Surname : HANA AL BADANI
Permanent Address : 11 AL Israa, Giza Egypt
Travelling From : HAM
To : SPX
Flight No : PC1044 / PC582
Date : 15 FEB 25
Nationality : YEMEN
Number of Passport : 00044870
Signature : Hana Badani

Personnel on Duty:

Name: VERONIKA KUSOVA
Title: HEAD AGENT
Tel: +49 151 14604284
Address: HAMBURG AIRPORT | DHS

Signature: Veronika Kusova

- A copy which has the original wet signature shall be retained at the Departure Station for 3 months at least.
- A copy shall be delivered to the Guest to submit in case of need.