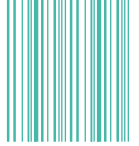


CHARTER REQUEST FORM



Fields marked with * are mandatory. If left blank, this may affect your request.

This is the first step in booking your charter with IAG Cargo. Fill in your information below and submit your completed form to your [local sales representative](#).

+ Personal Details	
First name*	
Last name*	
Email address*	
Company name*	
IATA CASS code (if you are non-CASS please indicate here)	

+ Request Information	
Is this a one-way operation?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start date* (Input as DD/MM/YYYY)	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
What is the routing you require?*(You may enter multiple routings if more than one is required)	
Weight	
Unit types and quantity	
Commodity	
Charter sector(s)	
If you are not a freight forwarder, who is your nominated agent at point of origin?	
Duration of charter?*	
Preference for day(s) of week for charter to operate*	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
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