To S.L.Kir TEL: 048			ır							V	v [
FAX:	at	Reception Date	se only	М		D		lame									
(Customer	Air ticke ustomer detail's) Date				M		D	D					Xplease write in box				
Name of entry Name of					oayma	nt(ba	ınking nam	e)	★TE	L		_		_			
mr/ms									★FA	λX		_		_			
Name of passenger					Ge	nder	Mailegy no.						\exists				
★ Date		Route	e		person	*	Flight no.	De	p time	Ar	r time	★Res	 servatio	n no.			
/	⇒					ΑN	A		:		:						
/	⇒					ΑN	A		:		:						
/	⇒					ΑN	A		:		:						
/	/ ⇒					ΑN	A				-						
	RT:																
Payment Date Paymant Amount M D						【Infomation of bank】 ◆Saitama Risona-Bank Nishikawaguchi-branch(normal)4415003											
pm 2	: 00	<u>′</u>			o-Bank (ma S.L.Kin co			(no.)75576	651							
⇒ ⇒If y	M ou have A	D we						irec	t airpo	rt e	ven c	onfor	natior	n no.			
Detail's of																	
@	,	×	pic								=			,			
@	,		pio								=			,			
@	,		pio								=			,			
<u>@</u>	<u>-</u>	X 	pic	DS							- =	¥		_'_			
		der, ple	ease co	ontact	our o	ffice.											
,	り・〒			F													
	Ŋ.	Ŧ				円											