



**TMO REWARDS REDEMPTION FORM**

Please kindly fax and attention to:

Marketing Department  
Fax No: 6 297 2007

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Name of Authorized Personnel: \_\_\_\_\_  
*(If applicable)*

Signature of Authorized Personnel: \_\_\_\_\_  
*(If applicable)*

Redemption Items:

Item No	No of Points	Redemption Item	Remarks

\*\* In the event that the product (s) or service (s) is not available, Corporate Travel Services Pte Ltd reserve all right to replace the product (s) or service (s).

***For Delivery of Items:***

Name of Recipient: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Preferred Date of Delivery: \_\_\_\_\_

Preferred Time of Delivery: \_\_\_\_\_

*\* Please kindly allow a minimum period of 14 days to process your request.*