

IDENTITY FORM

Please return this form completed, accompanied by a photocopy of passport(s), to

reservations.aus@ponant.com Or Fax: 02 8920 0756
 Or PONANT, Ground Floor, 3 Eden Street, North Sydney – 2060 NSW Australia

	1 st passenger	2 nd passenger
Last Name <i>(As stated in your passport)</i>		
First name <i>(As stated in your passport)</i>		
Title <i>(Mr/Mrs/Miss)</i>		
Address		
Postcode		
City		
State		
Country		
Profession		
Phone		
E-mail address		
Emergency contact <i>(Last Name, first name & phone n°)</i>		
Insurance Information <i>Insurance company Policy number Insurance company phone number</i>		
Preferred language of communication		
Special diet		
Preferred bedding	Twin beds OR Double bed	
Any other information to bring to the attention of the crew		

*If you DO NOT wish to receive promotional material from PONANT, please circle the word 'unsubscribe'.

Please provide your flight details, to better satisfy you as well as for safety reasons:

	Date	Flight n°	Airline company	Departure airport	Departure time	Arrival airport	Arrival time	Class
Outbound Flight								
Return Flight								

Asia Pacific Headquarter. Ground floor, 3 Eden Street, North Sydney - NSW 2060 AUSTRALIA

Reservations: Australia 1300 737 178 – New Zealand 0800 44 32 62 - Rest of the World +612 8459 5000

reservations.aus@ponant.com | www.ponant.com | ABN: 35 166 676 517

INSURANCE INFORMATION

We strongly recommend that all travelers purchase insurance covering trip cancellation, interruption travel delay, baggage delay or loss, medical expenses, and travel accident protection. Please note that we must have each adult participant's signature.

- I (we) have chosen not to purchase any Travel Insurance. I (we) understand that I (we) am responsible for the cancellation penalties as listed in the brochure, should I (we) be forced to cancel my (our) trip for any reason. I (we) also understand that I (we) am responsible for any emergency medical evacuation costs.

- I (we) have chosen to purchase Travel Insurance.

IMPORTANT: Please list the name, address and telephone number of your insurance provider as well as the policy number below. (We need this in case of emergency medical evacuation.)

TRAVELINSURANCEPROVIDER&POLICYNUMBER

SIGNATURE