



# PASSENGER INFORMATION FORM

**All passengers** are required to complete this form for Customs & Immigration authorities and/or airline carriers.  
**All passengers** must have a valid passport with a validity of 6 months after the cruise finish date. If we do not receive the below details at the time of booking, final documents are unable to be released. **Please refer to the iCruise website and applicable cruise line for full terms and conditions.**

<b>CRUISE LINE</b>		<b>SHIP NAME</b>	
<b>EMBARKATION DATE</b>		<b>DISEMBARKATION DATE</b>	
<b>EMBARKATION PORT</b>		<b>DISEMBARKATION PORT</b>	
<b>CABIN / CATEGORY</b>		<b>DEPARTURE EX NZ</b>	

<b>PASSENGER DETAILS:</b>	<b>PASSENGER ONE:</b>	<b>PASSENGER TWO:</b>
TITLE (Mr, Mrs, Ms, Mstr, Miss, Dr, Prof)		
FIRST NAME (as per passport)		
MIDDLE NAME (as per passport)		
SURNAME (as per passport)		

<b>IMPORTANT</b>	Amendment fees will be charged by the cruise line if name is miss-spelt, incorrect or differs from that stated in passport.	<b>IMPORTANT</b>
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NATIONALITY (as per passport)		
COUNTRY OF BIRTH		
DATE OF BIRTH		
PASSPORT NUMBER		
DATE OF PASSPORT ISSUE		
DATE OF PASSPORT EXPIRY		
COUNTRY OF PASSPORT ISSUE		
HOME ADDRESS		
<i>(Please include Postal Code)</i>		
HOME TELEPHONE NUMBER		
MOBILE TELEPHONE NUMBER		
EMAIL ADDRESS		
EMERGENCY CONTACT (NAME)		
RELATIONSHIP		
ADDRESS		
DAYTIME TELEPHONE NUMBER		
NIGHTTIME TELEPHONE NUMBER		
MOBILE TELEPHONE NUMBER (if any)		

<b>DINING ROOM PREFERENCE:</b> (Dining preference is on a request basis only and cannot be guaranteed)	EARLY SITTING - approx 6:30 pm <input type="checkbox"/>	LATE SITTING - approx 8:30 pm <input type="checkbox"/>
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**SPECIAL REQUESTS:**  
(e.g. birthday, anniversary, special dietary requirements)

**MEDICAL DECLARATION:**  
(Should you have any medical condition or physical limitations of which the cruise line should be made aware of - please provide specific details)

**ARRIVAL & DEPARTURE DETAILS** (Please advise your arrival and departure details pre/post cruise)  
 Arrival: \_\_\_\_\_  
 Departure: \_\_\_\_\_

**SIGNATURE:** (On behalf of the person/s above, I have read and agreed to all the terms & conditions provided)

DATE: \_\_\_\_\_



**IMPORTANT - Please complete this form and return to iCruise along with your payment.**  
 iCruise - 101 Great South Road, PO Box 74008, Auckland, 1543, New Zealand  
 Tel: (09) 522 5922 - Free Phone 0800 427 847 - Fax (09) 520 6629  
 Email: [info@icruise.co.nz](mailto:info@icruise.co.nz) - Website: [www.icruise.co.nz](http://www.icruise.co.nz)

