



ARANUI 5

PASSENGER INFORMATION FORM

Please complete and return this form to your travel agent with your deposit.

ARANUI VOY#	DEPARTURE DATE	CABIN#	BOOKING REF#
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PASSENGER 1	PASSENGER 2
Last Name:	
First Name:	
Address:	
Telephone #:	
Birth Date:	
Nationality:	
Passport #:	
Expiration Date:	
Email address:	
IN CASE OF EMERGENCY CONTACT:	
Name:	
Address:	
Telephone #:	

1) Do you require assistance of a cane for walking or wheelchair to get around?

Passenger 1: yes ___ no ___

Passenger 2: yes ___ no ___

2) Do you have allergies?

Passenger 1: yes ___ no ___

Passenger 2: yes ___ no ___

If yes, please mention: _____

3) Do you follow a special treatment?

Passenger 1: yes ___ no ___

Passenger 2: yes ___ no ___

If yes, please mention: _____

4) Do you follow a special diet?

Passenger 1: yes ___ no ___

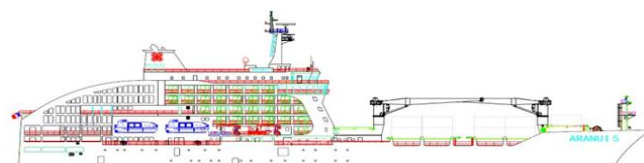
Passenger 2: yes ___ no ___

If yes, please mention: _____

5) Do you need help breathing? (Such breathing tubes, oxygen tanks, etc....)

Passenger 1: yes ___ no ___

Passenger 2: yes ___ no ___



COMPAGNIE POLYNESIENNE DE TRANSPORT MARITIME
B.P. 220 – 98713 Papeete – Tahiti - Polynésie Française
R.C.S. 1413/BT – N° TAHITI 073.049 - Tel : 40.42.62.42 - Fax : 40.42.62.43
Email : reservations@aranui.com / <http://www.aranui.com>



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6) Cabin preferences

One double bed or two simple separated beds : _____

7) Medical insurance (Mandatory)

Insurance Carrier: _____

Policy #: _____

Telephone #: _____

8) Medvac (Medical Evacuation) insurance (Mandatory)

Insurance Carrier: _____

Policy #: _____

Telephone #: _____

CONTACT IN PAPEETE, TAHITI PRIOR TO DEPARTURE ON THE ARANUI

Arrival Date: _____

Arrival flight details in Papeete: _____

Pre-Cruise hotel in Papeete or Other contact: _____

Departure Date: _____

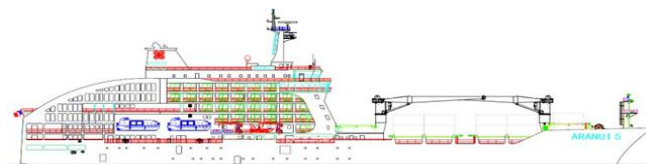
Departure flight details from Papeete: _____

Post-Cruise hotel in Papeete or Other contact: _____

SINCE THERE IS NO AGE LIMIT REQUIRMENT, WE SUGGEST THAT ALL PASSENGERS BE IN GOOD PHYSICAL CONDITION. THERE ARE NO HANDICAP FACILITIES ON BOARD. THE RIGHT IS RESERVED TO REFUSE PASSAGE TO ANYONE IN SUCH A STATE OF HEALTH OR PHYSICAL CONDITION AS TO BE UNFIT TO TRAVEL OR WHOSE CONDITION, FOR WHATEVER REASON, MIGHT BE DANGEROUS TO THE INDIVIDUAL OR OTHER PASSENGERS. CPTM IS NOT RESPONSIBLE FOR HOSPITAL, MEDICAL, AND/OR EVACUATION CHARGES INCURRED BY PASSENGER. **THE INSURANCE TO COVER MEDICAL, TRAVEL CANCELLATION AND/OR INTERRUPTION ARE MANDATORY.** PLEASE CONSULT YOUR TRAVEL AGENT.

SIGNATURE:

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