

PERSONAL INFORMATION

DEPARTURES FOR 2019/20 (01.04.2019-31.03.2020)

Please complete this form using CAPITAL letters and return it to: explorer.admin@hurtigruten.com, or by post to: Hurtigruten Ltd, Bedford House, 69-79 Fulham High Street, London SW6 3JW. **This form must be received by Hurtigruten at least 8 weeks prior to your voyage departure. Please note that we are unable to send your travel documents until we have received this completed form.**

For information regarding your booking please contact uk.sales@hurtigruten.com

HURTIGRUTEN BOOKING REFERENCE NUMBER:																												
PERSONAL DETAILS																												
NAME (AS DISPLAYED ON PASSPORT):					FIRST NAME					MIDDLE NAME(S)					LAST NAME													
GENDER:					MALE					FEMALE					DATE OF BIRTH:		DD				MM				YYYY			
NATIONALITY:										PASSPORT NUMBER:																		
PASSPORT ISSUE DATE:										PASSPORT EXPIRATION DATE:*																		
*Expiration date must be no earlier than 6 months after the end of your voyage.																												

ADDRESS AND CONTACT DETAILS																			
HOUSE NUMBER/NAME:										POST CODE:									
STREET ADDRESS:										CITY/TOWN:									
COUNTRY:																			
EMAIL ADDRESS:										MOBILE PHONE/PHONE NUMBER:									

SPECIAL REQUESTS*																			
Please inform us in good time prior to the voyage about important health issues such as but not limited to mobility limitations, disabilities, heavy allergies, etc.																			
SPECIAL DIETARY REQUESTS:																			
SPECIAL REQUESTS/IMPORTANT INFORMATION:																			
*HURTIGRUTEN REQUIRES YOUR CONSENT AS A CONDITION FOR USING HURTIGRUTEN'S SERVICES IF YOU HAVE INFORMED US OF SPECIAL DIETARY REQUESTS, OR SPECIAL REQUESTS/IMPORTANT INFORMATION:																			
I agree that Hurtigruten collects and uses information in this form for my safety during the voyage.																			

EMERGENCY CONTACT INFORMATION																			
NAME:																			
PHONE NUMBER:																			

INDIVIDUAL FLIGHT ARRANGEMENTS (IF NOT BOOKED THROUGH HURTIGRUTEN)																			
ARRIVAL FLIGHT NUMBER:										DEPARTURE FLIGHT NUMBER:									
ARRIVAL FLIGHT DATE:										DEPARTURE FLIGHT DATE:									
ARRIVAL FLIGHT TIME:										DEPARTURE FLIGHT TIME:									

PLEASE TICK THE RELEVANT STATEMENTS																			
IMPORTANT ENTRY REQUIREMENTS FOR ALL DESTINATIONS & VACCINATION INFORMATION:																			
I confirm I have read the information noted here: https://www.hurtigruten.co.uk/practical-information/entry-requirements/																			
MANDATORY BRAZILIAN VISA FOR CITIZENS OF AUSTRALIA, CANADA, AND THE USA PLANNING A VISIT TO IGUAZU FALLS:																			
I confirm that I have received the information regarding the Brazilian Visa.																			
FOR TRAVELLERS TO ANTARCTICA, SOUTH GEORGIA, THE NORTH EAST SIDE OF GREENLAND, THE NORTHWEST-PASSAGE, TRANS-ATLANTIC VOYAGES (ALL VOYAGES VIA THE ATLANTIC OCEAN) AND RUSSIA:																			
I have received the Medical Certificate and will bring the completed hard copy of the Medical Certificate on board the ship.																			