

# PERSONAL INFORMATION

DEPARTURES FOR 2020/21 (01.04.2020-31.03.2021)

Please complete this form using CAPITAL letters and return it to: [explorer.admin@hurtigruten.com](mailto: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](mailto:uk.sales@hurtigruten.com)

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

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

<b>SPECIAL REQUESTS*</b>	
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.	
<b>SPECIAL DIETARY REQUESTS:</b>	
<b>SPECIAL REQUESTS/IMPORTANT INFORMATION:</b>	
<b>*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:</b>	
<input type="checkbox"/>	I agree that Hurtigruten collects and uses information in this form for my safety during the voyage.

<b>EMERGENCY CONTACT INFORMATION</b>				
<b>NAME:</b>			<b>PHONE NUMBER:</b>	

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

<b>PLEASE TICK THE RELEVANT STATEMENTS</b>	
<b>IMPORTANT ENTRY REQUIREMENTS FOR ALL DESTINATIONS &amp; VACCINATION INFORMATION:</b>	
<input type="checkbox"/>	I confirm I have read the information noted here: <a href="https://www.hurtigruten.co.uk/practical-information/entry-requirements/">https://www.hurtigruten.co.uk/practical-information/entry-requirements/</a>
<b>MANDATORY BRAZILIAN VISA FOR CITIZENS OF AUSTRALIA, CANADA, AND THE USA PLANNING A VISIT TO IGUAZU FALLS:</b>	
<input type="checkbox"/>	I confirm that I have received the information regarding the Brazilian Visa.
<b>FOR TRAVELLERS TO ANTARCTICA, THE NORTHWEST-PASSAGE, AND RUSSIA:</b>	
<input type="checkbox"/>	I have received the Medical Certificate and will <b>bring the completed hard copy of the Medical Certificate on board the ship.</b>