

	<u>DISCLAIMER</u>
Line:	
Vessel:	
Departure date:	

I, (e) acknowledge having been informed (e) that there is no doctor or a qualified aboard the ship CMA CGM on medical which I chose to make a crossing aboutdays.

I declare I have been informed that the voyage by freighter is governed by the rules of the Merchant Navy and remains a workspace. I also noted that the date / time of departure and arrival and the routes are not guaranteed and may be modified according to the requirements related to freight.

I have read, understood and accepted unconditionally all the terms and conditions of carriage included in the passenger ticket and the General and Special Conditions that were given to me by the shipping company.

Under these conditions, I hereby release the CMA CGM Group responsible for any accident that may happen to me or illness that I could be reached during the trip.

Done at,

On

Passenger Name / Surname :

Signature*

***Signature of the passenger, with mention "Read and approved" (mandatory):**

Original back to the Master of the Ship.

(copy to be returned to mpaubert@ponant.com or ybouxin@ponant.com)