

IDENTITY FORM

Voyages en Cargo PONANT Partenaire de CMA CGM	<u>Should be returned with confirmation</u>
Line :	
Vessel :	
Departure date :	

PASSENGER 1	PASSENGER 2
<input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr	<input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr
Name / First name	Name / First name
Marital Status :	Marital Status :
Nationality :	Nationality :
Profession :	Profession :
Date of Birth :	Date of Birth :
Place of Birth / country :	Place of Birth / country :
Passport N° :	Passport N° :
Issued on :	Issued on :
Expiration date :	Expiration date :
Home address :	Home address :
Zip code :	Zip code :
City :	City :
Country :	Country :
Email Address :	Email Address :
Landline number : <i>International Code mandatory :</i>	Landline number : <i>International Code mandatory :</i>
Mobile Number : <i>International Code mandatory :</i>	Mobile Number : <i>International Code mandatory :</i>

IMPORTANT: Please let us know your last minute contact you can be reached

Contact of relatives in case of emergency (mandatory):

Name / Surname:

Family relationship :

Landline number:

International Code mandatory :

Date:

Mobile number:

Signature:

This ID form must be duly filled in and signed by passenger