

INFORMATION FORM

This form must be completed and returned with a copy of the passports.

Travel number	Cabin number			Invoice number			
Gender:		PASSENG Male	SER 1 Female	PASSENGER 2 Male Female			
Last name: First name: Address:							
Birth Date: Nationality: Passport#: Expiration date: Email address:							
Language:	French	English	German	French	English	German	
EMERGENCY CO	NTACT						
Name: Relationship (if ap Address:	plicable):						
Telephone:							
1) Are you planni etc.)? Please adv	_	ate a special o	•	edding anniversa	ary, birthday,		
2) Do you follow	a special die	1?	_Pas	senger 1	<u>Passenç</u>	<u>ger 2</u>	
If yes, please spec	cify:		Yes	No \	res N	0	



3)	any allergies?	Pas	senger 1	P	assenger 2
If yes, please s	specify:	Yes	senger 1 No	Yes	No
4) Cabin bed preferences:		One double bed		Two single separated beds	
5) Do you req	uire assistance of a cane for w	valking, wh	ا neelchair or w	alker to ge	t around?
		Pas	senger 1	<u>P</u>	assenger 2
		Yes	senger 1 No	Yes	No
6) Have you c	ontracted Covid19 in the past	6 months?	· •		
		Pas	senger 1	<u>P</u>	assenger 2
		Yes	No	Yes	No
7) Have you been vaccinated against Covid19? Passenger 1 Passenger 2					assenger 2
		Yes	No	Yes	assenger 2 No
Insurance Car Policy: Telephone:	Medical Evacuation) insurance	· (Mandato	ry)		
	INFORMATION PRIOR TO) DEPART	URE ON TE	HE ARAN	UI
Arrival Date in Flight details to Name or Telep:	•	ne hotel			
Island: Hotel:					
Telephone nu	mber:				

Date of stay:



Island: Hotel: Telephone number: Date of stay:
POST CRUISE INFORMATION
Island: Hotel: Telephone number: Date of stay:
Island: Hotel: Telephone number: Date of stay:
Departure date from Papeete : Flight details:
Since there is no age limit requirement, we suggest that all passengers be in good physical condition.
CPTM is not responsible for hospital, medical, and/or interruption are mandatory. Please consult your travel agent.
Signature Passenger 1 Signature Passenger 2

