

PERSONAL INFORMATION



Please complete this form using CAPITAL letters and return it to Hurtigruten at your earliest convenience. 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. Please return this form to: explorer.admin@hurtigruten.com. For information regarding your booking please contact booking@hurtigruten.com

HURTIGRUTEN BOOKING REFERENCE NUMBER:					TRAVEL DATE:		
					DATE:		
GENERAL INFORMATION		PASSENGER 1 (P1)			PASSENGER 2 (P2)		
FIRST NAME, SURNAME <small>(AS DISPLAYED ON PASSPORT):</small>							
SEX:		MALE		FEMALE		MALE	FEMALE
STREET NAME, HOUSE NUMBER:							
POSTCODE, TOWN:							
COUNTRY:							
MOBILE PHONE / PHONE NUMBER:							
E-MAIL ADDRESS:							
DATE OF BIRTH (DD/MM/YYYY):							
PASSPORT NUMBER:							
PASSPORT ISSUE DATE:							
PASSPORT EXPIRY DATE*:							
<small>*Expiry date no earlier than 6 months after the end of your voyage.</small>							
PASSPORT ISSUE PLACE:							
PASSPORT ISSUE COUNTRY:							
NATIONALITY:							
SPECIAL DIETARY REQUESTS**:							
<small>**Please note that if you have provided special dietary requests that Hurtigruten requires your consent as condition for using Hurtigruten's services:</small>							
	P1		P2	I agree that Hurtigruten collects and uses information in this form to serve me food and beverages according to my preferences.			
SPECIAL REQUESTS/ IMPORTANT INFORMATION***:							
<small>***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. Please note that if you have provided special requests/information that Hurtigruten requires your consent as condition for using Hurtigruten's services:</small>							
	P1		P2	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:							
<small>Please provide flight arrival and departure details if they are not booked through Hurtigruten.</small>							
ARRIVAL FLIGHT NUMBER		ARRIVAL FLIGHT DATE			ARRIVAL FLIGHT TIME		
DEPARTURE FLIGHT NUMBER		DEPARTURE FLIGHT DATE			DEPARTURE FLIGHT TIME		

FOR TRAVELERS TO ANTARCTICA, SOUTH GEORGIA, THE NORTH EAST SIDE OF GREENLAND, THE NORTHWEST-PASSAGE, TRANS-ATLANTIC VOYAGES (ALL VOYAGES VIA THE ATLANTIC OCEAN) AND RUSSIA:

	P1		P2	Please mark the box to confirm you have received the medical certificate and will bring the completed form on board the ship.			
--	-----------	--	-----------	---	--	--	--

IMPORTANT ENTRY REQUIREMENTS FOR DESTINATIONS & VACCINATION INFORMATION:

<https://global.hurtigruten.com/practical-information/entry-requirements/>

	P1		P2	Please mark the box to confirm you have read the information noted on the above link.			
--	-----------	--	-----------	---	--	--	--

MANDATORY BRAZILIAN VISA FOR US CITIZENS PLANNING A POST PROGRAM TO VISIT IGUAZU FALLS:

	P1		P2	Please mark this box to confirm that you have received information covering Brazilian Visa Information.			
--	-----------	--	-----------	---	--	--	--