

SHIP MANIFEST INFORMATION FORM

DEPARTURES FOR 2020/22 (01.04.2020-27.03.2022)

Please note this form is interactive.

Please complete this form using CAPITAL letters and return it to: explorer.admin@hurtigruten.com, or by post to: Hurtigruten GmbH, Große Bleichen 23, 20354 Hamburg, Fax: (0180) 533 382 533. **Please send this form back to Hurtigruten immediately after confirming your booking and no later than 8 weeks before your voyage.** 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 ce.info@hurtigruten.com

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

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

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

EMERGENCY CONTACT INFORMATION									
NAME:				PHONE NUMBER:					

PLEASE TICK THE RELEVANT STATEMENTS									
IMPORTANT ENTRY REQUIREMENTS FOR ALL DESTINATIONS & VACCINATION INFORMATION:									
<input type="checkbox"/> I confirm I have read the information noted here: https://global.hurtigruten.com/practical-information/entry-requirements/									
FOR TRAVELLERS TO ANTARCTICA, THE NORTHWEST-PASSAGE, ARCTIC CANADA, NORTHEAST GREENLAND, THE TRANS-ATLANTIC CROSSING AND SVALBARD:									
<input type="checkbox"/> I have received the Health Declaration and I will submit the completed form electronically as per instructions.									