

# PERSONAL INFORMATION

DEPARTURES FOR 2019/20 (01.04.2019-31.03.2020)

Please note this form is interactive. Please complete this form using CAPITAL letters and return it to: [explorer.admin@hurtigruten.com](mailto:explorer.admin@hurtigruten.com) 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. For information regarding your booking please contact [booking@hurtigruten.com](mailto:booking@hurtigruten.com)

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

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

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

<b>EMERGENCY CONTACT INFORMATION</b>	
<b>NAME:</b>	
<b>PHONE NUMBER:</b>	

<b>PLEASE TICK THE RELEVANT STATEMENTS</b>	
<b>IMPORTANT ENTRY REQUIREMENTS FOR ALL DESTINATIONS &amp; VACCINATION INFORMATION:</b>	
<input type="checkbox"/>	I confirm I have read the information noted here: <a href="https://global.hurtigruten.com/practical-information/entry-requirements/">https://global.hurtigruten.com/practical-information/entry-requirements/</a>
<b>FOR TRAVELLERS TO ANTARCTICA, SOUTH GEORGIA, THE NORTH EAST SIDE OF GREENLAND, THE NORTHWEST-PASSAGE AND TRANS-ATLANTIC VOYAGES (ALL VOYAGES VIA THE ATLANTIC OCEAN):</b>	
<input type="checkbox"/>	I have received the Medical Certificate and will <b>bring the completed hard copy of the Medical Certificate on board the ship.</b>