

SWAN HELLENIC DISCOVERY CRUISES BOOKING FORM 2011

Cruise Name		Full Cruise Package <input type="checkbox"/>
Booking Reference Number		Cruise plus transfers (no air) <input type="checkbox"/>
UK Departure Date		Cruise-only (no air or land) <input type="checkbox"/>
Cabin Grade (if known)		Optional Extensions
Cabin Number (if known)		Flight Upgrade Request
Preferred Departure Airport		Flight Dietary Requirements

MANDATORY PASSENGER INFORMATION

Passengers Details	Lead Name	2nd Passenger
Past Swan Hellenic passenger (please indicate)	Yes/No	Yes/No
Mr/Mrs/Miss/Ms/Other (please specify)		
First Name (as shown in passport)		
Middle Name (as shown in passport)		
Surname (as shown in passport)		
Occupation		
Place of Birth		
Nationality		
Date of Birth		
Passport Number		
Date of Issue/Expiry Date (DDMMYY)	/	/
Place/country of Issue		
Home Address		
Postcode		
Telephone Number Day/Evening	/	/
E-mail address		
Emergency Contact (not travelling) Name		
Relationship to passenger		
Address (including postcode)		
Telephone Number Day/Evening	/	/

TRAVEL INSURANCE

All passengers **must** be adequately insured. For Swan Hellenic recommended insurance, please see page 101.

YES Swan Hellenic recommended insurance is required (UK residents only).
If yes, premiums must be paid with the deposit.

NO Alternative cover has been issued by: _____
 Policy No. _____
If no, please also supply the emergency contact telephone number of the insurance company providing alternative cover.

PAYMENT DETAILS: Please complete the following

I have paid any amount(s) due to the time of booking by telephone

I enclose a cheque (Number _____) for any amount(s) due at the time of booking* #

I wish to pay any amount(s) due at the time of booking by credit/debit card (details below) #

The amount(s) due at the time of booking consist of (a) £200 per passenger **or** 10% of the total cruise price (if greater) **or** the full cruise price if booked less than 105 days prior to departure **AND** (b) any applicable insurance premiums **AND** (c) any amounts payable to third parties (e.g. airlines) prior to the balance due date (you will be advised at the time of booking).
 * Cheques should be made payable to "Swan Hellenic".

MEDICAL DECLARATION

All the above named persons are fit to travel and are not travelling contrary to medical advice. All pre-existing medical conditions or disabilities which may require treatment or assistance aboard ship, or the use of a wheelchair, must be declared.

*NB. If there is a change in the general health of any of the above named, medical advice should be sought before taking the proposed holiday. A medical certificate may be requested. This declaration is for on-board use only and **NOT** for insurance purposes.*

RESTAURANT

Special dietary requirements.

Agent's Stamp

ABTA No. _____ Reference: _____

DEBIT/CREDIT CARD PAYMENTS (Visa/Mastercard/Delta/Maestro)

Valid from: _____ Expiry date: _____

Issue No. _____ Name on card: _____

Card No.

Security Code: *The last three digits on the back of your card. This information will be destroyed after payment has been received.*

Card billing address (if different from above)

A 3% surcharge is applied to final balance payments made by credit card, see Fair Trading Conditions. No charge for Debit Cards/Cheques.

SIGNATURE

On behalf of the persons named above, whose authority I have to sign this agreement, I have read the information on this cruise and accept the Terms and Conditions.

Name (please print) _____

Signature _____ Date _____

Reservations Tel: 0844 209 9000 Fax: 0844 412 1765
Website: www.swanhellenic.com
 Swan Hellenic is a trading name of
 All Leisure Holidays Ltd.
 Registered in England No. 2888825
 Registered address as below

