

Cruise Name		Package	<input type="checkbox"/>
Booking Reference Number		Cruise-tour (no air)	<input type="checkbox"/>
UK Departure Date		Cruise-only (no air or land)	<input type="checkbox"/>
Sailing Date		Optional Extensions:	
Cabin Grade & Number		Flight Class:	
Preferred Departure Airport		Flight dietary requirements:	

### MANDATORY PASSENGER INFORMATION

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

ANTARCTICA CRUISE ONLY – Complimentary red parka (specify size and no. required)    S     M     L     XL     XXL

#### TRAVEL INSURANCE (only available for UK residents)

All passengers must be adequately insured. For Swan Hellenic recommended insurance, please see page 109.

**YES** Swan Hellenic recommended insurance is required.  
*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 (Cruise Price £ \_\_\_\_\_ per person)

Non-refundable deposit – 10% of total holiday cost    £ \_\_\_\_\_  
Full payment for bookings within 91 days of departure

Insurance premium (must be paid with deposit)    £ \_\_\_\_\_

**TOTAL** (deposit or full payment plus insurance premium)    £ \_\_\_\_\_

*Cheques should be made payable to Swan Hellenic*

#### DEBIT/CREDIT CARD PAYMENTS (Visa/Mastercard/Amex/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 on pages 108/109. No charge for Debit Cards/Cheques.*

#### 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. This declaration is for on-board use only and NOT for insurance purposes. A separate declaration must be made to your insurance provider. 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.*

#### RESTAURANT

Special dietary requirements

#### Agents' Stamp

ABTA No. \_\_\_\_\_

Reference: \_\_\_\_\_

#### 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: 0845 017 0017 Fax: 0845 017 0126**  
**Website: www.swanhellenic.com**

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Registered address as below

