Booking Form - Australia & New Zealand

Please print and fill out this form and mail it to the Head Office address below.

This form is required to properly facilitate the booking, carriage or administration of the cruise booking.

Final documentation will not be released until this form has been completed and sent to our office and balance of payment has been received.

Cruise Details			
AUS/NZ Departure Date:	Cruise Departure Date:	Ship:	Booking No.

Your Details

Please print your full name as it appears on your passport. Third & fourth passengers with different addresses require a separate form.

	First Passenger	Second Passenger	Third Passenger	Fourth Passenger
Surname				
First Given Name				
Any Additional Names				
Title (Mr/Mrs/Miss/Ms/etc)				
Date of Birth				
City and Country of Birth				
Nationality as shown on passport				
Passport Number				
Passport Date of Issue				
Passport Country of Issue				
Passport Expiry Date				

Private Address of First Passenger						
Address:						
Suburb:	State:	Postcode:				
Phone:						
Email:						

Declaration:

I am aware that valid passports, visas, travel insurance and health documents are required and that obtaining these documents is my responsibility.

On behalf of myself and all other persons named in this booking reservation form, I acknowledge that all such persons have read, understood and agreed to be bound by the terms and conditions printed on the following two pages and the booking procedure, cancellation and amendment clauses contained in the MSC Cruises brochure. Specifically I acknowledge that in some circumstances, the liability of MSC Crociere S.A. for loss or damage which I or the other persons named in this Form may suffer during the course of the transport covered by this form may be limited or excluded.

I also acknowledge on behalf of all persons named in this Booking Form that the General Sales Agent for MSC Crociere S.A reserves the right to amend fares to take into account fluctuations in the value of the Australian and New Zealand dollars or other reasons over which they have no control.

Name:

Signature:

Date:

Private Address of Second I	-assenger (if different to first)
Address:		
Suburb:	State:	Postcode:
Phone:		
Email:		

Name of insurance company:....

Insurance company 24 h emergency phone no.

Issued by MSC Cruises (Australia) Pty Limited ABN 55 003 526 725 Licence Number 2TA003126 As General Sales Agents for MSC Crociere S.A.

Head Office:

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Agent Stamp: