



## PASSENGER INFORMATION FORM

(revised 5/07/15)

Please complete and return both the passenger form and medical declaration to your travel agent with your deposit. Note we must receive these completed forms before travel documents can be released.

ARANUI VOYAGE	DEPARTURE DATE	CABIN #	BOOKING REF#

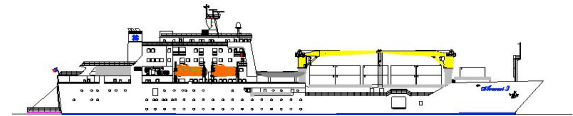
PASSENGER 1		PASSENGER 2	
Gender	Male ____ / Female ____ (please check)	Male ____ / Female ____ (please check)	
Last Name			
First Name			
Street Address			
City/State/ZIP			
Country			
Telephone			
Email Address:			
Birth Date (dd/mm/yy)			
Nationality			
Passport#			
Expiration Date (dd/mm/yy)			

### IN CASE OF EMERGENCY CONTACT:

Name		
Address		
Address		
Telephone		
Relationship		

### CONTACT IN PAPEETE, TAHITI PRIOR TO DEPARTURE ON THE ARANUI

Arrival Date:	
Arrival Flight# to Papeete	
Pre-Cruise Hotel or contact in Papeete	
Departure Date:	
Departure Flight# from Papeete	
Post-Cruise hotel or contact in Papeete	



## SA COMPAGNIE POLYNESIENNE DE TRANSPORT MARITIME

2028 El Camino Real So., Suite B, San Mateo, CA 94403 Phone (650)574.2575 • (800) 972.7268 • Fax (650)574-6881

E-MAIL : [cpm@aranui.com](mailto:cpm@aranui.com)

# Aranui

## MEDICAL DECLARATION

PASSENGER 1

PASSENGER 2

1. Do you have allergies ?	Yes ___ No ___ If yes, please specify:	Yes ___ No ___ If yes, please specify:
2. Do you follow a special diet or have any dietary restrictions or needs ?	Yes ___ No ___ If yes, please specify:	Yes ___ No ___ If yes, please specify:
3. Are you currently following any special medical treatment?	Yes ___ No ___ If yes, please specify:	Yes ___ No ___ If yes, please specify:
4. Do you require the assistance of a cane or any other apparatus for walking or wheelchair to get around ?	Yes ___ No ___ If yes, please specify:	Yes ___ No ___ If yes, please specify:
5. Are you suffering from a serious ailment or condition and/or requires the use of any medical apparatus (such as breathing tubes, oxygen tanks, etc...)	Yes ___ No ___ If yes, please specify:	Yes ___ No ___ If yes, please specify:
6. Do you have medical insurance? Insurance Carrier & Policy#	Yes ___ No ___ If yes, please specify: Carrier: Policy# Telephone#	Yes ___ No ___ If yes, please specify: Carrier: Policy# Telephone#
7. Do you have medical/evacuation insurance? Insurance Carrier & Policy#	Yes ___ No ___ If yes, please specify: Carrier: Policy# Telephone#	Yes ___ No ___ If yes, please specify: Carrier: Policy# Telephone#

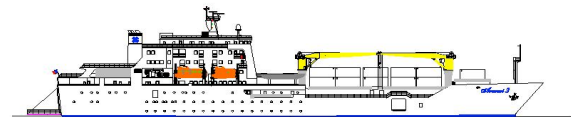
WHILE THERE IS NO AGE LIMIT REQUIREMENT, WE SUGGEST THAT ALL PASSENGERS BE IN GOOD PHYSICAL CONDITION. THERE ARE NO HANDICAP FACILITIES ON BOARD. THE RIGHT IS RESERVED TO REFUSE PASSAGE TO ANYONE IN SUCH A STATE OF HEALTH OR PHYSICAL CONDITION AS TO BE UNFIT TO TRAVEL OR WHOSE CONDITION, FOR WHATEVER REASON, MIGHT BE DANGEROUS TO THE INDIVIDUAL OR OTHER PASSENGERS. CPTM IS NOT RESPONSIBLE FOR HOSPITAL, MEDICAL, AND/OR EVACUATION CHARGES INCURRED BY PASSENGERS. WE RECOMMEND STRONGLY THAT PASSENGERS SHOULD OBTAIN THE NECESSARY INSURANCE TO COVER MEDICAL, TRAVEL CANCELLATION AND/OR INTERRUPTION. PLEASE CONSULT YOUR TRAVEL AGENT.

\_\_\_\_\_  
Signature of Passenger 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Passenger 2

\_\_\_\_\_  
Date



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