

ARANUI

PASSENGER INFORMATION FORM

(revised 06/21/21)

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:

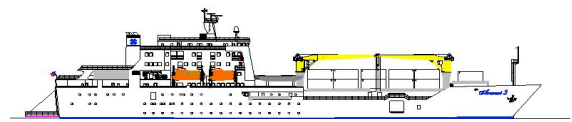
Name		
Address		
Address		
Telephone		
Relationship		

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	

ADDITIONAL INFORMATION

1. Bed Preference: Default is one King bed in the cabin categories, except the class "C", single staterooms and quad staterooms. - Please indicate if you require two single separate beds _____
2. Are you celebrating a special occasion while onboard (wedding anniversary, birthday, etc.) ? - Please advise nature of the celebration and date _____



SA COMPAGNIE POLYNESIENNE DE TRANSPORT MARITIME

ARANUI

MEDICAL INFORMATION

	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 any special medically prescribed 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 and/or taking prescribed medication?	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. Have you contracted COVID 19 in the last 6 months?	Yes ___ No___ If yes, please specify:	Yes ___ No___ If yes, please specify:
7. Have you been vaccinated again COVID 19 ?	Yes ___ No___ If yes, please provide copy of vaccination record/documentation	Yes ___ No___ If yes, please provide copy of vaccination record/documentation
8. Do you have medical insurance ? If you do not have medical insurance, pls complete the Letter of Acknowledgement of Medical Insurance Coverage	Yes ___ No___ If yes, please specify: Carrier: Policy# Telephone#	Yes ___ No ___ If yes, please specify: Carrier: Policy# Telephone#
9. Do you have medical/evacuation insurance ? If you do not have medical insurance, pls complete the Letter of Acknowledgement of Medical Insurance Coverage	Yes ___ No___ If yes, please specify: Carrier: Policy# Telephone#	Yes ___ No___ If yes, please specify: Carrier: Policy# Telephone#

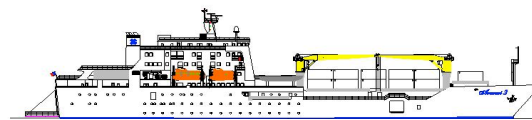
WHILE THERE IS NO AGE LIMIT REQUIREMENT, WE SUGGEST THAT ALL PASSENGERS BE IN GOOD PHYSICAL CONDITION. EVEN THOUGH THE SHIP HAS HANDICAP FACILITIES ON BOARD, THE ISLANDS DO NOT. THE RIGHT IS RESERVED TO REFUSE PASSAGE TO ANYONE IN SUCH A STATE OF HEALTH OR PHYSICAL CONDITION AS TO BE UNFIT TO TRAVEL 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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