

# Booking Reservation Form - Australia & New Zealand

This form must be sent with your deposit.

Final documentation will not be released until balance of payment has been received by our office.

## Cruise Details

AUS/NZ Departure Date:	Cruise Departure Date:	Ship:	Booking No.
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## 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				
Title (Mr/Mrs/Miss/Ms/etc)				
Date of Birth				
City and Country of Birth				
Nationality as shown on passport				
Passport Number				
Date of Issue				
City and Country of Issue				
Expiry Date				

### Private Address of First Passenger

Address:

Suburb:

State:

Postcode:

Phone:

Email:

### Private Address of Second Passenger (if different to first)

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 Reservation 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 dollar or other reasons over which they have no control.

Name:

Signature:

Date:

### Dining Room Requests

Time:  First Sitting  Second Sitting

Table For:  2  4  6  8

Special dietary requirements:.....

### Celebrations On Board

Anniversary Date:..... Birthday:.....

Other:.....

Please note: Surcharges apply for special arrangements such as cakes etc)

### Insurance (adequate travel insurance is required)

Name of insurance company:.....

Insurance company 24 hour emergency telephone no. ....

**Issued by**  
 MSC Travel Pty Limited  
 ABN 55 003 526 725  
 Licence Number 2TA003126  
 As General Sales Agents for  
 MSC Crociere S.A.

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Agent Stamp: