



DECEMBER 2005 – APRIL 2007 Cruises

Pacific Sun, Pacific Sky and Pacific Star Booking Form

Fax form back to us on:
AUSTRALIA (02) 8424 9161

OR
NEW ZEALAND 0800 95 12 01

Mail to:
Locked Bag 1014, St. Leonards, NSW 1590 Australia

This booking form can also be completed online – simply go to www.pocruises.com.au, click on the 'Cruise Personaliser' section, enter your booking number and date of birth. Cruise Personaliser also allows you to update your details at any time.

Important notice: In order to accommodate any special needs you may have and to satisfy our mandatory safety requirements, please state on this form any medical or physical conditions for each passenger which may limit the passenger's ability to respond to an emergency situation.

Please read the important Booking Conditions and Passage Conditions contained in the P&O Cruises December 2005 – April 2007 brochure (issued September 2005), as you will be bound by them. In particular, your attention is drawn to the terms and conditions which exclude or limit P&O Cruises' liability and those that require you to indemnify P&O Cruises in certain circumstances.

Booking No. _____ Agency Name _____

Agency phone _____ Consultant name _____

Ship PACIFIC SUN / PACIFIC SKY / PACIFIC STAR Cruise No. _____ Cruise departure date _____

No. of passengers travelling together _____

Please complete below details for each passenger, sign where designated and return to us. (Please photocopy this form for additional passengers.)

PASSENGER 1

Surname as shown on Passport _____

Passport Number _____ Country of Issue _____

Given name/s _____ Title _____ Date of birth _____

Address _____

Suburb _____ State _____ Postcode _____ Country (circle one) AU / NZ

Home Ph () _____ Bus Ph/Mobile () _____

Email address _____

Dietary needs (if any) _____

Medical/physical condition/s (if any) _____

Please attach medical certificate

PASSENGER 1 DECLARATION _____ **Passenger signature** _____ **Date** _____

I agree that my/all bookings and travel are subject to the Booking Conditions and the Passage Conditions contained in the P&O Cruises December 2005 – April 2007 brochure, pages 87-89 (issued September 2005). Where I make a booking for others, I warrant that I have their authority to do so. (If under 18 years at time of booking, parent's or guardian's name and signature required.)

PASSENGER 2

Surname as shown on Passport _____

Passport Number _____ Country of Issue _____

Given name/s _____ Title _____ Date of birth _____

Address _____

Suburb _____ State _____ Postcode _____ Country (circle one) AU / NZ

Home Ph () _____ Bus Ph/Mobile () _____

Email address _____

Dietary needs (if any) _____

Medical/physical condition/s (if any) _____

Please attach medical certificate

PASSENGER 2 DECLARATION _____ **Passenger signature** _____ **Date** _____

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We respect your privacy and the personal information you provide to us in this booking form will be treated in accordance with our privacy policy. In order to facilitate your cruise, certain information may be required by and disclosed to certain organisations (e.g. customs and immigration authorities or airline carriers if a transfer is required) but only as necessary. You can request access to the personal information we have collected about you and obtain a copy of our privacy policy from our Privacy Officer. **We will not be able to properly facilitate the booking, carriage and administration of your cruise if you do not provide us with all the information requested on this form.**



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No. of passengers travelling together _____

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PASSENGER 3

Surname as shown on Passport _____

Passport Number _____ Country of Issue _____

Given name/s _____ Title _____ Date of birth _____

Address _____

Suburb _____ State _____ Postcode _____ Country (circle one) AU / NZ

Home Ph () _____ Bus Ph/Mobile () _____

Email address _____

Dietary needs (if any) _____

Medical/physical condition/s (if any) _____

Please attach medical certificate

PASSENGER 3 DECLARATION _____ **Passenger signature** _____ **Date** _____

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PASSENGER 4

Surname as shown on Passport _____

Passport Number _____ Country of Issue _____

Given name/s _____ Title _____ Date of birth _____

Address _____

Suburb _____ State _____ Postcode _____ Country (circle one) AU / NZ

Home Ph () _____ Bus Ph/Mobile () _____

Email address _____

Dietary needs (if any) _____

Medical/physical condition/s (if any) _____

Please attach medical certificate

PASSENGER 4 DECLARATION _____ **Passenger signature** _____ **Date** _____

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