

APPLICATION FORM FOR NETHERLANDS/BELGIUM CRUISE, APRIL 2025

NAME: (As on passport) _____

ADDRESS _____

HOME PHONE _____ CELL _____

EMAIL ADDRESS: _____

PASSPORT: _____
Passport Number Date of Issue Expiry Date

_____ Country of Issue

GENDER. M _____. F _____. DATE OF BIRTH: (MM/DD/YYYY). _____

DOUBLE OCCUPANCY: _____ SINGLE OCCUPANCY: _____

SHARING ROOM WITH: _____

CABIN CATEGORY E: _____ CABIN CATEGORY C: _____

EMERGENCY CONTACT: NAME : _____

RELATIONSHIP : _____

PHONE : _____

PAYMENT INFORMATION: \$1450. Required by Mar.29, 2024; balance due by Dec. 20, 2024

CHEQUE (Made out to Uniglobe Le Centre de voyages Dorval): _____

OR E- TRANSFER _____ sheryl@uniglobedorval.com
Prior to e-transfer, advise Uniglobe (514-633-9933) of your transaction.

CREDIT CARD : VISA ___ MASTERCARD ___ AMEX ___ DINERS ___ DISCOVER ___

CREDIT CARD HOLDER'S NAME _____

CREDIT CARD NUMBER _____ EXP. DATE _____

3 digit CVV _____ (MM/YY)