



HANDLING ADVICE FOR UNACCOMPANIED MINORS

PLEASE USE PRINT AND BLOCK LETTERS WHEN COMPLETING THIS FORM

Full name of Minor	<input type="text"/>		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	
Address	<input type="text"/>		
Postal Code	<input type="text"/>	Telephone	<input type="text"/>

FLIGHT DETAILS

Flight No.	<input type="text"/>	Date:	<input type="text"/>
FROM	<input type="text"/>	TO	<input type="text"/>

PERSON ACOMPANYING ON DEPARTURE

Name	<input type="text"/>		
Address	<input type="text"/>		
Postal Code	<input type="text"/>	Telephone	<input type="text"/>

PERSON ACOMPANYING ON ARRIVAL

Name	<input type="text"/>		
Address	<input type="text"/>		
Postal Code	<input type="text"/>	Telephone	<input type="text"/>
ID / PASSPORT No.	<input type="text"/>		
Signature:	<input type="text"/>		

1. I confirm that I have arranged for the above mentioned minor to be accompanied to the airport of departure and to be met at the arrival of the flight by the person named.

2. Should the minor not be met as stated above, I authorize the CARRIER(S) concerned to take whatever action they consider necessary to ensure the minor's safe custody, including return to the airport of departure. I agree to indemnify and reimburse the CARRIER(S) for th enecessary and reasonable costs and expenses incurred by them in taking such actions.

3. I certify that the minor is in posetion of all travel documents(passport/identity card/visa/health certificates/vaccination, etc.), required by the applicable laws.

4. I, the undersigned parent or guardian of the above mentioned minor, agree to and request the unaccompanied carriage of the minor named above and certify that the information provided is acurate

Father/Mother or Guardian

NAME	<input type="text"/>		
ADDRESS	<input type="text"/>		
POSTAL CODE	<input type="text"/>	TELEPHONE	<input type="text"/>
DATE	<input type="text"/>	Signature	<input type="text"/>