

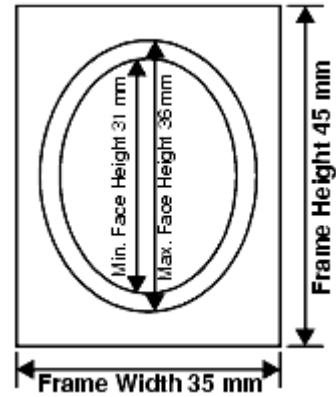


ADAM'S EXPRESS TRAVEL

1015 M. H. Del Pilar cor. T. M. Kalaw Sts. Ermita, Manila
Tel. 632-5211638/ 5211651/ 5223877
Fax: 5212255 Email: adamstvidocs@yahoo.com

PASSENGER INFORMATION SHEET

PLS. WRITE IN BLOCK LETTERS



DEPARTURE DATE: DD/MM/YYY TOUR NAME: _____
REFERRED BY: _____ FREQUENT FLYER: _____
SHARING ROOM WITH: _____
REASON FOR TRAVELLING (e.g. Anniversary/Birthday etc.) _____

PERSONAL INFORMATION

Family Name: _____ First Name: _____ Middle Name: _____
Birthday: DD/MM/YYY Birthplace: _____ Sex: _____ Nickname: _____
Nationality: _____ Civil Status: _____ Date of Marriage: DD/MM/YYY Religion: _____
Name of Father: _____ Name of Mother: _____
Home Address: _____
Postal Code: _____ No. of years staying: _____
Home No. _____ Mobile No. _____
Occupation/Position: _____ E-mail Address: _____
Business/Company/School Name: _____
Address: _____
Date Started: DD/MM/YYY Office/ Buss. Phone: _____ Fax: _____
Passport No.: _____ Date of Issue: DD/MM/YYY Date of Expiry: DD/MM/YYY
Issuing Authority: _____ Valid Visa/s Issued (Country/Issuance & Expiry): _____
Have you ever been refused to any kind of Visa? _____ Country/Year of Refusal: _____
Have you ever received Medical Treatment or has Pre-existing Illness? If yes, give details: _____
Special Request (Meals/Wheelchair/Etc.): _____
Country Visited for the past 3 Years: _____

SPOUSE DETAILS

Family Name: _____ First Name: _____ Middle Name: _____
Birthday: DD/MM/YYY Birthplace: _____ Sex: _____ Nickname: _____
Nationality: _____ Civil Status: _____ Date of Marriage: DD/MM/YYY Religion: _____
Name of Father: _____ Name of Mother: _____
Home Address: _____
Postal Code: _____ No. of years staying: _____
Home No. _____ Mobile No. _____
Occupation/Position: _____ E-mail Address: _____
Business/Company/School Name: _____
Address: _____
Date Started: DD/MM/YYY Office/ Buss. Phone: _____ Fax: _____
Passport No.: _____ Date of Issue: DD/MM/YYY Date of Expiry: DD/MM/YYY
Issuing Authority: _____ Valid Visa/s Issued (Country/Issuance & Expiry): _____
Have you ever been refused to any kind of Visa? _____ Country/Year of Refusal: _____
Have you ever received Medical Treatment or has Pre-existing Illness? If yes, give details: _____
Special Request (Meals/Wheelchair/Etc.): _____
Country Visited for the past 3 Years: _____

DEPENDENT CHILDREN DETAILS

FULL NAME	DATE OF BIRTH	PLACE OF BIRTH	ADDRESS	OCCUPATION	MARITAL STATUS
	<u>DD/MM/YYY</u>				
	<u>DD/MM/YYY</u>				
	<u>DD/MM/YYY</u>				

I hereby certify that the above information is true and correct.

SIGNATURE: _____