



ADAM'S EXPRESS TRAVEL

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PASSENGER INFORMATION 2017

TOUR NAME / DEPARTURE DATE: _____

HOW DID YOU FIND OUT THIS TOUR: _____ SHARING ROOM WITH: _____

REASON FOR TRAVELING: (i.e. Wedding Anniversary/Birthday, etc): _____

(PLS. WRITE IN BLOCK LETTERS) REFERRED BY: _____ FREQUENT FLYER: _____

Family Name: _____ First Name: _____ Middle Name: _____

Birthday: _____ Birthplace: _____ Sex: _____ Nickname: _____

Nationality: _____ Civil Status: _____ Date of Marriage: _____ Religion: _____

Name of Father: _____ Name of Mother: _____

Home Address: _____

Postal Code: _____ No. of years staying: _____

Landline No. _____ Mobile No. _____

Occupation: _____ E-mail Address: _____

Business/Company/School Name: _____

Address: _____

Date Started: _____ Office/ Buss. Phone: _____ Fax: _____

Passport No.: _____ Date of Issue: _____ Date of Expiry: _____

Issuing Authority: _____ Valid Visa/s Issued (Country/Issuance & Expiry): _____

Travel within the last 3 years: _____

Have you ever been refused to any kind of Visa? _____

Country/Date/Reason of Refusal: _____

HAVE YOU EVER RECEIVED MEDICAL TREATMENT OR HAS PRE-EXISTING ILLNESS? If yes, give details: _____

Special Request (Meals/Wheelchair/Etc.): _____

SPOUSE DETAILS

Family Name: _____ First Name: _____ Middle Name: _____

Birthday: _____ Birthplace: _____ Sex: _____ Nickname: _____

Nationality: _____ Civil Status: _____ Date of Marriage: _____ Religion: _____

Name of Father: _____ Name of Mother: _____

Home Address: _____

Postal Code: _____ No. of years staying: _____

Landline No. _____ Mobile No. _____

Occupation: _____ E-mail Address: _____

Business/Company/School Name: _____

Address: _____

Date Started: _____ Office/ Buss. Phone: _____ Fax: _____

Passport No.: _____ Date of Issue: _____ Date of Expiry: _____

Issuing Authority: _____ Valid Visa/s Issued (Country/Issuance & Expiry): _____

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Have you ever been refused to any kind of Visa? _____

Country/Date/Reason of Refusal: _____

HAVE YOU EVER RECEIVED MEDICAL TREATMENT OR HAS PRE-EXISTING ILLNESS? If yes, give details: _____

Special Request (Meals/Wheelchair/Etc.): _____

CHILDREN DETAILS

FULL NAME	DATE OF BIRTH	PLACE OF BIRTH	ADDRESS	OCCUPATION	MARITAL STATUS

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

SIGNATURE: _____