



UM UNACCOMPANIED MINOR

(REQUEST FOR CARRIAGE HANDLING ADVICE)

NAME: (Minor's Full Name in Print)

AGE:

SEX:

SPECIAL INSTRUCTIONS/REMARKS: (Including Languages Spoken)

FLT/DATE	FROM	TO	PERSON ACCOMPANYING ON DEPARTURE	
			NAME:	
			ADDRESS:	TEL. NO.:
			PERSON MEETING AT TRANSIT/TRANSFER POINT	
			NAME: (Print & Sign)	
			ADDRESS:	TEL. NO.:
			PERSON MEETING ON ARRIVAL	
			NAME: (Print & Sign)	
			ADDRESS:	TEL. NO.:

DECLARATION

1. I confirm that I have arranged for the above mentioned minor to be accompanied to the airport on departure and to be met at stopover point and on arrival by the persons named. These persons will remain at the airport until the flight has departed and/or be available at the airport at the scheduled time of arrival of the flight.
2. Should the minor not be met as stated on the face hereof, I authorize the carrier(s) to take whatever action they consider necessary to ensure the minor's safe custody including return of minor to the airport of departure, and I agree to indemnify and reimburse the carrier(s) for the necessary and reasonable costs and expenses required by them in taking such action.
3. I certify that the minor is in possession of all travel documents (passport, visa health, certificate, etc.) required by applicable laws.
4. I, the undersigned parent or guardian of the above mentioned minor agree to and request the unaccomplished carriage of the minor named above and certify that the information provided is accurate.

SIGNATURE

NAME:

Relation to Minor:

DATE:

ADDRESS:

TEL. NO.: