ADAMS HOLIDAYS, INC.

"Creating Lifetime Memories"

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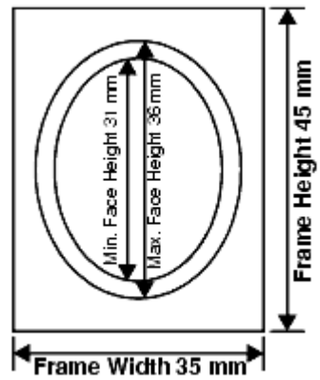

PASSENGER INFORMATION SHEET

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
	DD/MM/YYY				
	DD/MM/YYY				

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

SIGNATURE: _____