

BOOKING FORM

If you wish to book one of our sea voyages please complete the information below and overleaf.

Important: Please read carefully the booking conditions of AW Ship Management Limited and the terms and conditions of St Helena Line Limited as they will apply to this booking and your cruise.

PLEASE COMPLETE ALL DETAILS FOR EACH PERSON TRAVELLING

TOUR NAME
DEPARTURE DATE

NAMES MUST BE AS THEY APPEAR ON PASSPORT

1.
Title
Surname
Forenames
Correspondence address for the group
Full international tel no.
Email
Nationality
Date of birth
Occupation/profession
*Passport number
Expiry date & place of issue
Cabin grade requested

2.
Title
Surname
Forenames
Nationality
Date of birth
Occupation/profession
*Passport number
Expiry date & place of issue
Cabin grade requested

3.
Title
Surname
Forenames
Nationality
Date of birth
Occupation/profession
*Passport number
Expiry date & place of issue
Cabin grade requested

4.
Title
Surname
Forenames
Nationality
Date of birth
Occupation/profession
*Passport number
Expiry date & place of issue
Cabin grade requested

	Outward	Return	Voyage no.
Sailing date			
Port from			
Port to			

For office use only:

BKG REF.

*Please note your booking cannot be accepted if details of next of kin and passport to be used for this trip are not declared above and overleaf. See Clause 35.

Flight details or flight cost quote required (If you have already booked, please give details of your flight)		
Flight no. booked or requested*	Time	
*Please delete where necessary		
Date	Airline	Single
From	To	Return

Accommodation required on St Helena (At an additional cost)
Establishment
Arrival date
Departure date
No. of nights
<input type="checkbox"/> We are booking / have booked our own accommodation on St Helena
(Please enter details)

Please indicate nature of visit		
Business	Visiting family/friends	Tourism

Travel agent's stamp (Please include ABTA No. & Tel No.)
ABTA No.
Tel No.

Meal seating (We do try to accommodate your preferences at all times but they cannot be guaranteed as, if there is heavy demand we may need to adjust these allocations.)

Please indicate which sitting you would prefer for dinner by ticking the appropriate box:

1st sitting 6.45pm 2nd & main sitting 8pm

If you wish to be seated with friends please enter their names or cabin numbers:

Special dietary requests:

Please state any food allergies:

To help plan your entertainment whilst on board please indicate your hobbies and interests:

How did you hear about the voyages of the RMS St Helena?

What periodicals/newspapers do you read?

Next of kin (*See Clause 35)

In order to comply with international requirements it is necessary for passengers to give the name and address, and if possible, the telephone number of a person ashore, e.g. next of kin, that the company can contact in an emergency.

Full name of next of kin

Address/state/country

Relationship

Full international telephone no.

Please return to: Reservations Department, AW Ship Management Ltd, 9 Alie Street, London, E1 8DE Tel: +44(0) 20 7575 6480 Fax: +44(0) 20 7575 6200 E-mail: reservations@awsml.co.uk

Andrew Weir Shipping (SA) Pty Ltd., 17th Floor, BP Centre, 1 Thibault Square, Cape Town, SA. Tel: +27(0) 21-425-1165 Fax: +27(0) 21-421-7485 E-mail: sthelenaline@mweb.co.za

Medical details (please tick appropriate boxes)

Box numbers relate to passenger numbers overleaf

Does any member of the party suffer from any disability which would mean they need special assistance boarding, leaving or onboard? Type of disability may be physical, mental, sight, auditory, sensory or speech.
1 2 3 4

Is any member of the party taking medication and required to carry with them an adequate supply of any prescribed drugs?
1 2 3 4

At time of booking, is any member of the party sick or infirm?
1 2 3 4

Does any member of the party suffer from a medical condition that the ship's doctor should be made aware of (such as diabetes or epilepsy)? Specify:
1 2 3 4

Should anyone become sick or infirm before departure, a doctor's certificate may be required before they can travel with us.
Agreed Tick to confirm: 1 2 3 4

A doctor's certificate confirming fitness to travel and issued within one month of departure date, will be supplied by us for any member of the party aged 70 years or over before sailing.
Tick to confirm: 1 2 3 4

Insurance

All passengers must have travel insurance for all medical and repatriation liabilities before departure. We strongly recommend passengers take out cancellation insurance. Non UK residents may need to seek travel insurance cover from their countries of residence.

I have made my own travel insurance arrangement through:

Policy number: Expiry date:

Please tick if you do not wish to receive further marketing communications from AW Ship Management

Please tick here if you do not wish to be contacted after your voyage/holiday



I will pay for my booking as follows

Deposit only (15% with reservation)

Cheque Credit Card Debit Card

(Please tick relevant boxes)

Amount £ _____ Cheque No _____

Balance (due 8 weeks before departure)

Cheque Credit Card Debit Card

(Please tick relevant boxes)

Amount £ _____ Cheque No _____

Full payment

Cheque Credit Card Debit Card

(Please tick relevant boxes)

Amount £ _____ Cheque No _____

For your security and in order to protect your card information if you have selected to settle your booking by credit or debit card please kindly supply a contact telephone number which we may use to obtain the below information or alternatively telephone reservations with this information.

Telephone Number: _____

YOUR BOOKING REFERENCE WILL BE QUOTED IF / WHEN WE CALL FOR THIS INFORMATION

Information required will be as follows:

- Card Type (MasterCard, Visa, Debit Card)
- Card Number
- 3 digit security number
- Valid from date
- Expiry date
- Issue number (debit cards only)
- Name as it appears on the card
- Cardholder's billing address

Up to 3% will be added to all credit card payments to cover bank commission

Cheques should be made payable to: AW Ship Management Ltd or Andrew Weir Shipping (SA) Pty Ltd as applicable

I confirm that I have read and understood the booking conditions of AW Ship Management Ltd and the terms and conditions of ST HELENA LINE LIMITED and accept them on behalf of myself and every member of my party. I am over 18 years of age.

Signed: _____

Date: _____