



## PASSENGER REGISTRATION FORM

RSV Nos.	
LAST NAME	
SAILING DATE	
SHIP	CABIN

Please complete the form below as required by international government regulations. The names entered below should appear exactly as they appear in your travel documents. Return this form by fax to Golden Star Cruises: + 30 210 429 0660.

FIRST PASSENGER				
TITLE	FIRST NAME	LAST NAME		
ADDRESS				
CITY	STATE	ZIP/POSTCODE	COUNTRY	
FAX	PLACE OF BIRTH	DATE OF BIRTH (MDY)	CITIZENSHIP	
PASSPORT NO	PLACE WHERE ISSUED	DATE ISSUED	EXPIRING DATE (MDY)	

SECOND PASSENGER				
TITLE	FIRST NAME	LAST NAME		
ADDRESS				
CITY	STATE	ZIP/POSTCODE	COUNTRY	
FAX	PLACE OF BIRTH	DATE OF BIRTH (MDY)	CITIZENSHIP	
PASSPORT NO	PLACE WHERE ISSUED	DATE ISSUED	EXPIRING DATE (MDY)	

THIRD PASSENGER (In the same cabin with the same home address)*				
TITLE	FIRST NAME	LAST NAME		
PLACE OF BIRTH		DATE OF BIRTH (MDY)	CITIZENSHIP	
PASSPORT NO	PLACE WHERE ISSUED	DATE ISSUED	EXPIRING DATE (MDY)	

FOURTH PASSENGER (In the same cabin with the same home address)*				
TITLE	FIRST NAME	LAST NAME		
PLACE OF BIRTH		DATE OF BIRTH (MDY)	CITIZENSHIP	
PASSPORT NO	PLACE WHERE ISSUED	DATE ISSUED	EXPIRING DATE (MDY)	

(\*) For different home address, please complete a separate form

### Payment by Credit Card

Please book as per the details given above and debit my Credit Card		Amount:	
Please charge my		VISA	MASTER AMEX
Credit Card #			Card Exp. Date MM/YY
Signature			
Date	Name on Card		
CVC NUMBER = The last 3 numbers on the back of your Credit Card			

Please fill in also your Phone Number, just in case we need to contact you by phone