



INDIVIDUAL TRAVELLER PROFILE:

Fax to: (604) 273-8001

Company Name: \_\_\_\_\_

Individual Traveller Information:

1)Name - Must be exactly as it appears in your passport

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ ADDITIONAL NAMES: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME PH: \_\_\_\_\_ BUSINESS PH: \_\_\_\_\_

CELL PH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDITIONAL EMAIL: \_\_\_\_\_

PASSPORT

NUMBER: \_\_\_\_\_ DATE OF ISSUE & EXPIRY: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ PLACE OF ISSUE: \_\_\_\_\_

AIRLINE FREQUENT FLIER NUMBERS

AIRLINE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ NAME AS SHOWN \_\_\_\_\_

AIRLINE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ NAME AS SHOWN \_\_\_\_\_

AIRLINE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ NAME AS SHOWN \_\_\_\_\_

SEAT PREFERENCE

AISLE: \_\_\_\_\_ WINDOW: \_\_\_\_\_ OTHER: \_\_\_\_\_

HOTELS AND CARS

PREFERRED BED TYPE: KING or QUEEN: \_\_\_\_\_ TWIN \_\_\_\_\_

PREFERRED NUMBER OF BEDS: \_\_\_\_\_ SMOKING: \_\_\_\_\_ NONSMOKING: \_\_\_\_\_

CREDIT CARD FOR HOTEL GUARANTEE: \_\_\_\_\_

CAR SIZE PREFERRED: \_\_\_\_\_

HOTEL AND CAR ID NUMBERS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIETARY or PHYSICAL RESTRICTIONS

PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_