

APPLICATION FOR CARRIAGE OF UNACCOMPANIED MINOR(S)

(To be completed in respect of children 5-14 years, inclusive)

FU	ILL NAME OF UNACCOMPANIED MINOR(S)	AGE	SEX
PERMANENT ADDRESS			
TELEPHONE NUMBER			
FERRY SERVICE DETAILS			
DA	TE TIME FROM TO		
DETAILS OF PERSON SEEING OFF ON DEPARTURE			
Full Name:			
Address: Contact Phone Number:			
DETAILS OF PERSON MEETING ON ARRIVAL			
Full Name:			
Address: Contact Phone Number:			
Contact Phone Number.			
DECLARATION OF PARENT or GUARDIAN			
1. I, being the legal guardian of the minor, request Fullers to accept carriage of the			
noted unaccompanied minor upon the service specified. 2. I have read, understood and agreed to all terms and conditions of carriage,			
3.	including the Unaccompanied Minors Policy. 3. I agree that, as guardian or parent of the unaccompanied minor, it is my		
	responsibility that the minor is safely collected at the terminal at the a vessel. If no one is there is collect the child, Fullers may take whate	arrival of the	e
	deems appropriate and may require the child to return on its ser		
original departure point at the guardian's or parent's cost. 4. I confirm that the minor is five years or older.			
5. I indemnify Fullers against all actions, proceedings, claims, demands, costs and/or expenses sustained either directly or indirectly as a result of this carriage.			
6.	As the parent or guardian of the unaccompanied minor(s), I cert information provided is accurate.	•	
SIC	GNATURE OF PARENT OR GUARDIAN DATE		

It is recommended that the unaccompanied minor retain a copy of this form.