

TLC TRAVEL AND TOURS: PASSENGER INFORMATION SHEET

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We will not, in any circumstances, share your personal information with other individuals or organizations without your permission, including public organizations, corporations or individuals.

** Indicates required question*

1. FULL NAME (LAST NAME| FIRST NAME| MIDDLE NAME) *

2. BIRTHDAY (DD-MONTH-YEAR) *

Example: 7 January 2019

3. BIRTHPLACE (CITY/PROVINCE) *

4. MOBILE NUMBER *

5. EMAIL ADDRESS *

6. PERMANENT ADDRESS *

7. CIVIL STATUS *

Mark only one oval.

- MARRIED
- WIDOW/WIDOWER
- SINGLE
- SEPARATED (LEGAL)

8. NATIONALITY *

9. PASSPORT NUMBER *

10. PLACE OF ISSUE *

11. DATE OF ISSUE *

Example: 7 January 2019

12. DATE OF EXPIRY *

Example: 7 January 2019

13. ISSUING AUTHORITY *

Example: 7 January 2019

FAMILY DETAILS AND HEALTH DETAILS

For Travel Insurance Policies Application

14. SPOUSE NAME *

15. FATHER'S NAME *

16. MOTHER'S NAME (MAIDEN NAME) *

17. NAME OF BENEFICIARY (18 Y.O AND ABOVE) *

18. RELATIONSHIP TO BENEFICIARY *

Mark only one oval.

SPOUSE

CHILD

PARENT

SIBLING

19. PRE-EXISTING HEALTH CONDITION *

20. FOOD RESTRICTION *

EMPLOYMENT DETAILS

To be used for Visa Application

21. OCCUPATION *

22. BUSINESS NAME/EMPLOYER'S NAME/GOVERNMENT AGENCY *

23. DESIGNATION *

24. OFFICE ADDRESS *

25. OFFICE CONTACT NUMBER *

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