

UNACCOMPANIED MINOR FORM

Air Malta plc, Luqa, Malta - Fax - 00356 2125 1473

FULL NAME OF MINOR:			AGE:	SEX:		LANGUAGE SPOKEN:				
PERMANENT ADDRESS OF MINOR:				TELEPHONE:						
OUTWARD FLIGHT DETAILS				RETURN FLIGHT DETAILS						
FLIGHT NUMBER:		FROM:	TO:		LIGHT NUMBER: DATE:			FROM:	TO:	
PERSON SEEING OFF MINOR AT DEPARTURE: NAME: ADDRESS:				PERSON SEEING OFF MINOR AT DEPARTURE: NAME: ADDRESS: TELEPHONE:						
PERSON MEETING MINOR AT ARRIVAL: NAME: ADDRESS:				PERSON MEETING MINOR AT ARRIVAL: NAME: ADDRESS:						
TELEPHONE:				TELEPHONE:						
 DECLERATION OF PARENT / GUARDIAN I confirm that I have arranged for the above mentioned minor to be accompanied to the airport on departure and to be met at stopover point and on arrival by the persons named. These persons will remain at the airport until the flight has departed and/or be available at the airport at the scheduled time of arrival of the flight. Should the minor not be met at stopover point or destination, I authorize the carrier(s) to make whatever action they consider necessary to ensure the minor's safe custody including return of minor to the airport of original departure, and agree to idemnify and reimburse the carrier(s) for the costs and expenses incurred by them in taking such action. I certify that the minor is in possession of all travel documents (passport, visa, health certificate, etc.) required by applicable laws. I the undersigned parent or guardian of the above mentioned minor agree to and minor named above and certify that the information provided is accurate. 										
NAME:TELEPHONE: ADDRESS:								SIGNATURE: DATE:		