



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:	DATE:	FROM:	TO:	FLIGHT NUMBER:	DATE:	FROM:	TO:
_____	___/___/___	_____	_____	_____	___/___/___	_____	_____

PERSON SEEING OFF MINOR AT DEPARTURE: NAME: _____ ADDRESS: _____ _____ TELEPHONE: _____	PERSON SEEING OFF MINOR AT DEPARTURE: NAME: _____ ADDRESS: _____ _____ TELEPHONE: _____
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PERSON MEETING MINOR AT ARRIVAL: NAME: _____ ADDRESS: _____ _____ TELEPHONE: _____	PERSON MEETING MINOR AT ARRIVAL: NAME: _____ ADDRESS: _____ _____ TELEPHONE: _____
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DECLARATION 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 indemnify 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: _____	SIGNATURE: _____ DATE: _____
ADDRESS: _____ _____	