



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: _____			
PERSON MEETING MINOR AT ARRIVAL: NAME: _____ ADDRESS: _____ _____ TELEPHONE: _____				PERSON MEETING MINOR AT ARRIVAL: NAME: _____ ADDRESS: _____ _____ TELEPHONE: _____			
DECLARATION OF PARENT / GUARDIAN 1. 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. 2. 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. 3. I certify that the minor is in possession of all travel documents (passport, visa, health certificate, etc.) required by applicable laws. 4. 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: _____	