

Name of Passenger/s: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Gender:  Male  Female

## FLIGHT DETAILS

Date	Flight No.	From	To

## CATEGORY

<input type="checkbox"/> Expectant Mother	Remarks: _____
<input type="checkbox"/> Medical Case	
<input type="checkbox"/> Person with Disability	
<input type="checkbox"/> Unaccompanied Minor	

Expectant Mother (Pregnancy 34 weeks and beyond)	Unaccompanied Minor
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Is medical certificate provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Age of Gestation _____ Weeks _____ Days	Name of parent/ guardian : _____ Address at place of departure : _____ Phone no. at place of departure : _____
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Medical Case	Unaccompanied Minor
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Is medical certificate provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Nature of medical condition: _____	Address at place of destination : _____ Phone no. at place of destination : _____ Name of meeting/ receiving party : _____ Address at place of destination : _____ Phone no. at place of destination : _____ Relation to unaccompanied minor : _____
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Special Handling Request	Notes:
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<input type="checkbox"/> Wheelchair	Assisted only from check-in counter up to base of airstairs; guest must be able to climb up/ down the stairs and move inside the cabin
<input type="checkbox"/> Portable Oxygen Concentrator (Battery Operated)	
<input type="checkbox"/> Incapacitated Passenger Lift	Only on selected airports; with a fee

I certify that all information are correct.

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**SIGNATURE OVER PRINTED NAME**

Origin Station
Endorsed by: _____
<b>NAME / SIGNATURE OF PARENTS / GUARDIAN / DATE</b>
Endorsed to: _____
<b>NAME / SIGNATURE OF AGENT / DATE</b>

Destination Station
Endorsed by: _____
<b>NAME / SIGNATURE OF AGENT / DATE</b>
Endorsed to: _____
<b>NAME / SIGNATURE OF PARENTS / GUARDIAN / DATE</b>

# Passenger Handling Form

Name of Passenger/s: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Gender:  Male  Female

## FLIGHT DETAILS

Date	Flight No.	From	To

## CATEGORY

<input type="checkbox"/> Expectant Mother	Remarks: _____
<input type="checkbox"/> Medical Case	
<input type="checkbox"/> Person with Disability	
<input type="checkbox"/> Unaccompanied Minor	

Expectant Mother (Pregnancy 34 weeks and beyond)	Unaccompanied Minor
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Is medical certificate provided?  Yes  No

Age of Gestation \_\_\_\_\_ Weeks \_\_\_\_\_ Days

### Medical Case

Is medical certificate provided?  Yes  No

Nature of medical condition: \_\_\_\_\_

### Special Handling Request

<input type="checkbox"/> Wheelchair	Assisted only from check-in counter up to base of airstairs; guest must be able to climb up/ down the stairs and move inside the cabin
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I certify that all information are correct.

\_\_\_\_\_

**SIGNATURE OVER PRINTED NAME**

Name of parent/ guardian : \_\_\_\_\_

Address at place of departure : \_\_\_\_\_

Phone no. at place of departure : \_\_\_\_\_

Address at place of destination : \_\_\_\_\_

Phone no. at place of destination : \_\_\_\_\_

Name of meeting/ receiving party : \_\_\_\_\_

Address at place of destination : \_\_\_\_\_

Phone no. at place of destination : \_\_\_\_\_

Relation to unaccompanied minor : \_\_\_\_\_

Notes:

- UM handling fee must be settled prior acceptance of UM
- Send-off party must not leave the airport until UM's flight has departed

### Origin Station

Endorsed by: \_\_\_\_\_

**NAME / SIGNATURE OF PARENTS / GUARDIAN / DATE**

Endorsed to: \_\_\_\_\_

**NAME / SIGNATURE OF AGENT / DATE**

### Destination Station

Endorsed by: \_\_\_\_\_

**NAME / SIGNATURE OF AGENT / DATE**

Endorsed to: \_\_\_\_\_

**NAME / SIGNATURE OF PARENTS / GUARDIAN / DATE**

Name of Passenger/s: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Gender:  Male  Female

### FLIGHT DETAILS

Date	Flight No.	From	To

### CATEGORY

Expectant Mother      Remarks: \_\_\_\_\_  
 Medical Case  
 Person with Disability  
 Unaccompanied Minor

#### Expectant Mother (Pregnancy 34 weeks and beyond)      Unaccompanied Minor

Is medical certificate provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Age of Gestation _____ Weeks _____ Days	Name of parent/ guardian : _____ Address at place of departure : _____ Phone no. at place of departure : _____ Address at place of destination : _____ Phone no. at place of destination : _____
<b>Medical Case</b> Is medical certificate provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Nature of medical condition: _____	Name of meeting/ receiving party : _____ Address at place of destination : _____ Phone no. at place of destination : _____ Relation to unaccompanied minor : _____

#### Special Handling Request

Wheelchair      Assisted only from check-in counter up to base of airstairs; guest must be able to climb up/ down the stairs and move inside the cabin  
 Portable Oxygen Concentrator (Battery Operated)  
 Incapacitated Passenger Lift      Only on selected airports; with a fee

I certify that all information are correct.

\_\_\_\_\_

**SIGNATURE OVER PRINTED NAME**

Notes:  
 1. UM handling fee must be settled prior acceptance of UM  
 2. Send-off party must not leave the airport until UM's flight has departed

**Origin Station**

Endorsed by: \_\_\_\_\_

**NAME / SIGNATURE OF PARENTS / GUARDIAN / DATE**

Endorsed to: \_\_\_\_\_

**NAME / SIGNATURE OF AGENT / DATE**

**Destination Station**

Endorsed by: \_\_\_\_\_

**NAME / SIGNATURE OF AGENT / DATE**

Endorsed to: \_\_\_\_\_

**NAME / SIGNATURE OF PARENTS / GUARDIAN / DATE**