



**UM UNACCOMPANIED MINOR**

(REQUEST FOR CARRIAGE-HANDLING ADVISE)

NAME: (Minor's Full Name in Print)  
(渡航するお子様のお名前)

AGE: (年齢) SEX: (性別)

SPECIAL INSTRUCTIONS/REMARKS: (Including language Spoken)

(特記事項) 渡航するお子様の話す言語や、注意事項

FLT/DATE	FROM	TO	PERSON ACCOMPANYING ON DEPARTURE	
フライトナンバー、出発日時 成田 NRT 関空 KIX 名古屋 NGO	(出発空港)(到着空港) セブ CEB	NAME: (お見送りに来る人のお名前)		
		ADDRESS: (お見送りに来る人の住所)		TEL. NO. (電話番号)
		PERSON MEETING AT TRANSIT/TRANSFER POINT		
			NAME: (Print & Sign)	
			ADDRESS:	
			TEL. NO.	
PERSON MEETING ON ARRIVAL				
NAME: (Print & Sign) (到着の際に迎えに来る人の名前) Gladys Mary Ann Gomez Van Westerop				
			ADDRESS: (迎えに来る人の住所)	
			TEL. NO. (電話番号)	
			Unit 3 Chu Apartment. R Duterte St, Banawa, Cebu City, Cebu 032-415-5294	

**DECLARATION**

- 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 as stated on the face hereof, I authorized the carrier(s) to take whatever action they consider necessary to ensure the minor's safe custody including return of minor to the airport of departure, and I agree to indemnify and reimburse the carrier(s) for the necessary and reasonable 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 request the unaccompanied carriage of the minor named above and certify that the information provided is accurate.

(親御様の署名)

SIGNATURE

NAME: (親御様の名前)	Relation to Minor (渡航するお子様との続柄)	DATE (署名した日)
ADDRESS: (住所) * 英語で記入をお願いします		TEL. NO. (電話番号)