

Guest Immigration Form

Dear Crystal Cruises Guest,

On behalf of all of us at Crystal Cruises we wish you a wonderful sailing. We look forward to welcoming you aboard for a relaxing and memorable experience. Please note:

Proof of citizenship is required by law and specified to the Cruise Ticket Terms and Conditions which you are bound to, which state: "At the time of embarkation the Passenger is responsible for having received all medical inoculations necessary for the voyage and

having in his possession the Cruise Ticket, valid passport, visas, medical card and other documents necessary for the scheduled ports of call and disembarkation." All U.S. citizens who travel abroad are required to carry a passport valid for six months after end of cruise.

Cruise documents will be issued 45 days prior to sailing upon receipt of complete Immigration Form and payment. You may either mail it to us at: Crystal Cruises, 2049 Century Park East, Suite 1400, Los Angeles, CA 90067 or fax it to: 1.310.785.0215.

Vessel	Sailing Date	Cruise Number	Booking Number
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Please print legibly. Information below is required for immigration purposes, must match your passport and must be completed in full.

GUEST 1

Last Name (print exactly as it appears on passport)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master <input type="checkbox"/> Miss
Given Name(s)	<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____

Full name as you wish to be known on board, if different than above (to be used in printed materials such as the Guest List, or for future Crystal Society mailings)

Last Name	First Name
Passport Country of Issue	Passport Number
Nationality (If not U.S., see next page)	Date of Birth (MM/DD/YYYY)
Place of Birth (State or Province)	Place of Birth (Country)
Passport Date of Issue (MM/DD/YYYY)	Date of Expiration (MM/DD/YYYY)
Passport Place of Issue (City/Authority)	

GUEST 2

Last Name (print exactly as it appears on passport)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master <input type="checkbox"/> Miss
Given Name(s)	<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____

Full name as you wish to be known on board, if different than above (to be used in printed materials such as the Guest List, or for future Crystal Society mailings)

Last Name	First Name
Passport Country of Issue	Passport Number
Nationality (If not U.S., see next page)	Date of Birth (MM/DD/YYYY)
Place of Birth (State or Province)	Place of Birth (Country)
Passport Date of Issue (MM/DD/YYYY)	Date of Expiration (MM/DD/YYYY)
Passport Place of Issue (City/Authority)	

If both guests reside at the same address, please enter the address, telephone and contact information below. If guests reside at different addresses, please use two separate forms.

Emergency Contact Name		Relationship		
Telephone (Day) (If other than U.S., please also indicate country code) + ()		Telephone (Evening) (If other than U.S., please also indicate country code) + ()		
Guest Permanent Street Address	City	State/Province	Zip/Postal Code	Country
Telephone (Day) + ()		Telephone (Evening) + ()		
Guest 1 Signature (as it appears on passport)		Guest 2 Signature (as it appears on passport)		
E-mail Address		E-mail Address		

If you are embarking at a port in the U.S. or its territories and you are traveling with a passport other than that for a U.S. citizen, government regulations require that you also complete the "Non-U.S. Citizen Document Registration Form" on next page.

Non-U.S. Citizen Document Registration Form

Non-U.S. citizens must complete both pages of this form. If you have completed both pages and are faxing, please be sure to fax both pages to 1.310.785.0215.

Vessel	Sailing Date	Cruise Number	Booking Number
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GUEST 1

Last Name (print exactly as it appears on passport)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master <input type="checkbox"/> Miss
Given Name(s)	<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____

Full name as you wish to be known on board, if different than above (to be used in printed materials such as the Guest List, or for future Crystal Society mailings)

Last Name	First Name
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If you are a non-U.S. citizen and have procured a visa to enter the United States, please complete the following details regarding your visa:

Visa Issue Country	Visa Issue City
Visa Number	Type
Class	Number of Entries Allowed
Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

If you are a non-U.S. citizen and reside outside the United States, please provide the following contact information:

U.S. Destination Before Cruise (if applicable)

Street Address

City	State	Zip
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Telephone

+ ()

U.S. Destination After Cruise (if applicable)

Street Address

City	State	Zip
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Telephone

+ ()

If you are a non-U.S. citizen and permanently reside in the United States, please complete the following information:

Alien Registration Number	Category
Expiration Date (MM/DD/YYYY)	Resident Since (MM/DD/YYYY)

GUEST 2

Last Name (print exactly as it appears on passport)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master <input type="checkbox"/> Miss
Given Name(s)	<input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____

Full name as you wish to be known on board, if different than above (to be used in printed materials such as the Guest List, or for future Crystal Society mailings)

Last Name	First Name
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If you are a non-U.S. citizen and have procured a visa to enter the United States, please complete the following details regarding your visa:

Visa Issue Country	Visa Issue City
Visa Number	Type
Class	Number of Entries Allowed
Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

If you are a non-U.S. citizen and reside outside the United States, please provide the following contact information:

U.S. Destination Before Cruise (if applicable)

Street Address

City	State	Zip
------	-------	-----

Telephone

+ ()

U.S. Destination After Cruise (if applicable)

Street Address

City	State	Zip
------	-------	-----

Telephone

+ ()

If you are a non-U.S. citizen and permanently reside in the United States, please complete the following information:

Alien Registration Number	Category
Expiration Date (MM/DD/YYYY)	Resident Since (MM/DD/YYYY)