



IDENTITY FORM

to be completed and returned to

STRAND VOYAGES

The Oasis Centre, 75 Westminster Bridge Road, London SE1 7HS

Fax: +44 (0)20 7921 4476 email: voyages@strandtravelltd.co.uk

SHIP :

ROUTE :

SAILING DATE :

Mrs Miss Mr

Nationality :

Surname.....

First name.....

Home Address

Zip code City : Country

E-mail address :

Phone number.....

Date of Birth..... Place of Birth.....

Passport n°.....

Issued on : At :

Expiration date :

Mrs Miss Mr

Nationality :

Surname.....

First name.....

Home Address

Zip code City Country.....

E-mail address :

Phone number.....

Date of Birth..... Place of Birth.....

Passport n°.....

Issued on : At :

Expiration date :

Your agency :

In order to contact you in case of emergency, your phone number (cellular) or relatives' :

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Signature :

**PLEASE SUPPLY A LEGIBLE PHOTOCOPY OR SCAN OF THE
INFORMATION PAGE OF YOUR PASSPORT, WHICH WE HAVE TO SEND TO
THE SHIPPING COMPANY**