

UNACCOMPANIED YOUNG PASSENGER

Before completing this form please read the notes on page 2 about the conditions on which Malaysia Airlines System accepts unaccompanied young passengers. Please complete in capital letters throughout.

Passenger Details Given Names		F	amily o	r surname	Age	Gender	Language spoken		
pecial remarks: reaction t	o air travei d	iets,	junior e	escort etc.					
Outward Journey									
Flight No: Class		Γ	Date	From	T	То		MAB USE ONL	
Who should MAB contact	in the coun	-	Name				Teleph	none No.	
try of embarkation?			Addre	SS			1		
Person accompanying on departure (if			Name				Telephone No.		
other than above)			Addre	cc					
Person meeting at transfer point			Name				Telephone No.		
	-		Addre	00			-		
Contact address at destination			Name Telephone No.						
			Address						
Person meeting on arrival (if other than							Telephone No.		
above)			Address						
			ridare						
Return Journey Flight No: Class		Γ	Date	From	To		MAB USE ONI		
0									
Person accompanying on departure		Name				Telephone No.			
			Address						
Person meeting at transfer point			Name				Teleph	none No.	
			Addre	SS					
Person meeting on arrival			Name				Telephone No.		
			Addre	SS					
B USE ONLY									
Payment to be made at Tie			Γicket to be issued by				Issuing office/ref.		
Payers Name		G.	tudents certificate to be obtained by				Date		

Address

malaysia 3

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Notes for Parent / Guardian / Sponsor

- 1. Unaccompanied young passengers travel under the same general conditions of carriage as adults.
- 2. The purpose of the form is to assist Parents/Guardians/Sponsors to make adequate arrangements to ensure that unaccompanied young passengers are properly looked after. MAB will take care of unaccompanied young passengers from the time of acceptance for a flight at the airport of departure until the time of arrival at the airport of destination, except where there is a scheduled night stop or prolonged stop between flights (transfer point).
- 3. In the case of unaccompanied young passengers under 15 years of age, MAB requires that they be escorted to the airport of departure and it is particularly important that such escort does not leave the airport until after departure of the flight, so that in the event of a flight delay or cancellation the escort may be able to take charge of the unaccompanied young passenger or to authorise alternative arrangements. When young passengers under 18 years of age are travel-ling together with unaccompanied minors under 15 years of age, MAB requires that this form must include names and ages.
- 4. MAB also requires unaccompanied young passengers to be met at the airport of arrival, MAB cannot accept responsibility for unaccompanied young passengers after arrival of the flight at the airport or for establishing the bona fides of any person meeting the young passenger(s).

Declaration by Parent/Guardian/Sponsor for Unaccompanied Young Passenger.

- 1. I confirm that I have arranged for the young passenger mentioned on page one of the UMNR Form to be accompanied to the airport on departure and to be met at nightstop and/or transfer 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 young passenger not be met as stated, I authorise the carrier(s) to take whatever action they consider necessary to ensure the young passenger's safe custody including return of the young passenger to the airport of departure, and I agree to indemnity and reimburse the carrier(s) for the necessary and reasonable costs and expenses incurred by them in taking such action.
- 3. I certify that the unaccompanied young passenger is in possession of all travel documents (passport/visa/health certificates etc) required by applicable laws.
- 4. I, the undersigned Parent/Guardian/Sponsor agree to and request the carriage of the unaccompanied young passenger named on page 1 of this form and certify that the information provided is accurate.

Name of Parent/Guardian/Sponsor:									
Address:									
Telephone No.:									
Signature:	Date:								