

Direct Guest Reservation Transfer Request Form

| would like | ke to transfer my reservation number | on the |
|---|---|-------------------------------------|
| (Guest Name) | <u>(</u> F | Reservation Number) |
| | sailing ons | to my travel agen |
| (Name of Ship) | (Sailing Date) | |
| Here is the information of my travel | agency: | |
| Travel Agency Name: VC | yages 123 GO | |
| Travel Agent Name: | | |
| Travel Agency Phone Number: 45 | 509141185 | |
| The guests traveling in the stateroo | m are: | |
| | | |
| | | |
| Reason that you would like to trans | fer to a travel agency (optional): | |
| | | |
| <u>outside of Final Payment period</u> . | ansferred to a Travel Agent up <u>to 14 da</u> <u>For new reservations booked withir</u> | n final payment period, that are pa |
| | sed if the request is received within 7 | |
| required criteria and you would like | ange in currency, we cannot accommoto to transfer your reservation, please cor | mplete this form. Transfer request |
| sent by one of the guests on the please copy your travel partner f | reservation to Norwegian. When em or their reference. | nailing the form to us at Dispatch@ |
| riones sopy your march parametric | | |
| Print Name | Email address / | Phone No. |
| | | |
| Signature | Date | |

Please email completed form to: dispatch@ncl.com