

UNACCOMPANIED MINOR FORM
Request For Carriage-Handling Advice



KUWAIT AIRWAYS
SINCE 1954

خطوط الكويت
منذ عام ١٩٥٤

Full Name of Minor : Age: Sex: Male Female

Full Name of Minor : Age: Sex: Male Female

Full Name of Minor : Age: Sex: Male Female

LANGUAGES SPOKEN:

Permanent Address & Telephone No. of Minor

Flight Details:

Flight No./ Date: From To

Flight No./ Date: From To

Flight No./ Date: From To

Person Seeing off on Departure	Person Meeting & Seeing off at Stopover Point	Person Meeting on Arrival
Name :	Name :	Name :
Address :	Address :	Address :
Telephone :	Telephone :	Telephone :

DECLARATION OF PARENT GUARDIAN

- I confirm that I have arranged for the above mentioned minor to be accompanied to the airport on departure and to be met on arrival by the persons named above. These persons will remain at the airport until the flight has departed and/or be available at the airport at the schedule time of arrival of the flight.
- Should the minor not be met as stated on the face hereof, I authorize KAC to take whatever action they consider necessary to ensure the minor's safe custody including return of the minor to the airport of departure, and I agree to indemnify and reimburse Kuwait Airways and/or other carriers including their agents and servants 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.

Name, Address and Telephone No. of the Parent/Guardian:

..... Signature

..... Date

AIRLINE STAFF IN CHARGE OF MINOR WHILST IN THEIR CUSTODY

ESCORT AT THE DEPARTURE AIRPORT Name Department/Airline Code	ESCORT AT TRANSFER POINT No. 1 * Name Department/Airline Code
ESCORT IN FLIGHT Name From/To.. Department/Airline Code	ESCORT IN FLIGHT Name From/To.. Department/Airline Code
ESCORT AT ARRIVAL AIRPORT Name Department/Airline Code	ESCORT AT TRANSFER POINT No. 2 * Name Department/Airline Code
SPECIAL INSTRUCTIONS, IF ANY (to be completed by issuing office)	ESCORT IN FLIGHT Name From/To.. Department/Airline Code
	ESCORT AT STOPOVER POINT TO PERSON MEETING * Name Department/Airline Code
	ESCORT AT STOPOVER POINT ON DEPARTURE * Name Department/Airline Code

* Do not complete if not applicable

Distribution: White : to Issuing office

Pink : to be attached to the ticket of UMN

Blue : to station of embarkation

Yellow : to Chief Cabin

PJ 20330 / OCT-10