

(To be accomplished for each voyage of the ship)

Name of Ship	Voyage Route/Link:
Name of Company/Operator:	Date/ Voyage Number:

Total Number of Persons Authorized (Passengers/Crew/Ancillaries/Supernumeraries/Others): _____

Name of Passenger	Passenger's Child Companion (If any)	Accommodation Type (1 st , 2 nd , 3 rd)	Sex	Age	Address	Port of Embarkation	Port of Dis-embarkation
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