

Direct Guest Reservation Transfer Request Form

I (Guest Name)	_ would like to transfer my rese	nsfer my reservation number on the (Reservation Number)	
(Name of Ship)	sailing on	(Sailing Date)	_ to my travel agent.
Travel Agent Na Travel Agency Phone Nur	ame: <u>Trips and Ships Lux</u> ame: <u>Renee Ward</u> (603) 860-3274 mber:		
The guests traveling in the	e to transfer to a travel agency	(optional):	
outside of Final Payment transfer requests can be If the transfer request invo required criteria and you we sent by one of the guest	<u>at period</u> . <u>For new reservation</u> <u>e processed if the request is</u> plves a change in currency, we would like to transfer your reservation	Agent up <u>to 14 days from creation</u> ons booked within final payment for the second sec	period, that are paid in full, final payment application. your reservation meets the Transfer request <u>must</u> be
Print Name		Email address / Phone No.	
Signature		Date	

Please email completed form to: dispatch@ncl.com