

Final Group Passenger List

If a return booking please note a completed copy is required in each direction

P&O Booking Ref:	Departure Date	
Operator Ref:	Departure Time	
Vehicle Registration:	Departure Port	

Seq	Driver/ Pax	Last Name (as on passport)	First Name(s) (as on passport)	Gender M/F/U/X	AD (16+ Years)/CH (4-15 Years)/IN (0- 3 Years)	Spec. Asst
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P and O Group Passenger List Confidential Page 1 of 3

P&O Booking Ref:		Departure Date		
Operator Ref:		Departure Time		
Vehicle Registration:		Departure Port		
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4	Add New Rows Above This Or	ne By Copying & Inserting Othe	r Rows	

P&O Boo	oking Ref:	Departure Date
Operato	r Ref:	Departure Time
Vehicle I	Registration:	Departure Port
Driver	0	
Pax	0	
Total	0	
AD	0	
CH	0	
IN	0	
Total	0	