

UNACCOMPANIED MINOR Requested for Carriage-Handling Advice (Departure Copy)

Notice

If you are travelling on a flight operated by Solaseed Air, please complete and submit this application form (Solaseed Air's form), regardless of where you purchased the ticket (ANA website or Solaseed Air website).

Please submit two copies of this form for departure and arrival.

For Customers with Connecting Flights

If your itinerary includes connecting flights, please check the following information before proceeding.

❖Domestic Flight → Domestic Flight

In the following cases, you may fill out this form for all segments:

•1st segment: Solaseed Air operated flight → 2nd segment: ANA partner airline operated flight

*ANA partner airlines: ANA / Solaseed Air / AIRDO / Star Flyer / IBEX Airlines / Oriental Air Bridge

*If the first segment is operated by an ANA partner airline other than Solaseed Air, please complete the first segment airline's application form. For details, please refer to the website of the airline operating the first segment.

❖Domestic Flight ⇄ International Flight

For Solaseed Air operated flights, please use this application form (Solaseed Air's form) regardless of where you purchased your ticket (ANA website or Solaseed Air website). For the international flight segment, please prepare the application form designated by your connecting airline and submit it at the international check-in counter.

Date : year month day

MINOR

FULL NAME		AGE	
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FLIGHT DETAILS

FLIGHT NO.	DATE	FROM	TO
	/ /		
	/ /		
	/ /		

PERSON ACCOMPANYING ON DEPARTURE

FULL NAME		MOBILE PHONE NO.	
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PERSON MEETING AT TRANSFER OR STOPOVER POINT *INTERNATIONAL USE ONLY

FULL NAME		MOBILE PHONE NO.	
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PERSON MEETING ON ARRIVAL

*On arrival, please show this person's ID with photograph such as passport, driving permit, etc.

FULL NAME		MOBILE PHONE NO.	
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PARENTS / GUARDIAN

☐ Same as the PERSON ACCOMPANYING ON DEPARTURE			
☐ Same as the PERSON MEETING AT TRANSFER OR STOPOVER POINT			
☐ Same as the PERSON MEETING ON ARRIVAL		☐ Other (Please specify below)	
FULL NAME		MOBILE PHONE NO.	

PURPOSE OF YOUR VISIT *INTERNATIONAL USE ONLY

☐ STUDY	☐ VISITING RELATIVES	☐ OTHERS ()
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FOOD ALLERGIES *To be completed only by passengers connecting to ANA Domestic First Class (Premium Class)

☐ NO	☐ YES ()	ALLERGY MEDICINE (☐ YES ☐ NO)
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ARRIVAL USE ONLY

Signature of person meeting on arrival

FULL NAME		TEL NO.	
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(For staff use) Verified photo identification. ☐

*We will make every effort to properly manage the personal information you provide, and will use it only for the purpose of providing the Unaccompanied Minor service and contacting you.

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CONSENT AND RELEASE

TO: Solaseed Air Inc.

DATE

YEAR

MONTH

DAY

As a parent or a guardian of the minor applying for the Unaccompanied Minor service, I hereby verify and confirm that the following information is accurate.

1. I represent and warrant that the minor understands and follows the instructions of the carrier's staff, and the minor is able to take care of him/herself.
2. I confirm that I have arranged for the minor to be accompanied to the airport on departure and upon arrival by the person named. These persons will remain at the airport until the flight has departed and/or be available at the airport at the scheduled time of the flight.
3. Should the minor not be met as stated on the application form, I authorize the carrier(s) 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 the carrier(s) for the necessary and reasonable costs and expenses incurred by taking such action.
4. I agree to release the carrier(s), their agents and employees from any and all liabilities for the custody of the minor during the flight and at the departure/arrival airports mentioned in Application of Unaccompanied Minor.

Signature _____

(Please fill in your hand writing.)