

INDIVIDUAL TRAVELLER PROFILE

To provide the best possible service, please complete and return Phil Hoffmann Corporate Travel at your earliest convenience.

Please complete & email to corporate@pht.com.au.

PLEASE FILL IN THE YELLOW AREAS & WHERE APPLICABLE MARK WITH AN 'X'.

PERSONAL DETAILS																			
Mr		Mrs		Ms		Miss		Dr		Prf		Mstr		Sir		Lady		Other	
I Prefer To Be Addressed As:																			
Family Name:						First Name:													
Middle Initial:						Date of Birth:													
Male:				Female:				Adult:				Child:				Infant:			

COMPANY DETAILS	
Company:	
Office / Branch:	
Division / Department / Cost Centre:	
Personal Assistant / Travel Co-Ordinator:	
Home Airport:	

EMPLOYEE DETAILS					
Employee Type:	Employee:	Manager:	Director:	Other:	
Employee Number / ID:					
Job Title:					
Special Requests: (Disabilities Or Special Assistance Requirements)					

LOCATIONS				
	Building	Street Number & Name	Suburb	Postcode
Home:				
Work:				
Postal:				
Ticket Delivery:				

CONTACTS			
	Home	Work	Other
Telephone:			
Facsimile:			
Mobile:			
E-Mail:			
Pager:			
Toll Free:			
Emergency:			
Next Of Kin:			

PASSPORT DETAILS					
Passport Nationality	Passport Number	Name On Passport	Place Of Issue	Date Of Issue	Expiry Date

VISA DETAILS					
Visa Nationality	Visa Number	Type Of Visa	Place Of Issue	Date Of Issue	Expiry Date

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DOMESTIC SEATING PREFERENCES					
Airline:			Flying Class:		
Smoking:	Non-Smoking:		Smoking:		
Seating:	Aisle:		Bulkhead:		Window:
	Forward:		Rear:		Either:
Special Meal Request: (A Medical Certificate May Be Required For Meal Requests).					

INTERNATIONAL SEATING PREFERENCES						
Airline 1:						
Airline 2:						
Airline 3:						
Flying Class:				Specific Seat:		
Smoking:	Non-Smoking:		Smoking:			
Seating:	Aisle:		Bulkhead:		Window:	
Seating:	Forward:		Rear:		Either:	
Special Meal Request:: (A Medical Certificate May Be Required For Meal Requests).						
Other Special Requirements:						

OTHER DOMESTIC PREFERENCES - CAR & HOTEL					
Car Company:					
Car Class:					
Car Type:					
Transmission:	Auto:		Manual:		Air Con: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Hotel Chain:					

OTHER INTERNATIONAL PREFERENCES - CAR & HOTEL					
Car Company:					
Car Class:					
Car Type:					
Transmission:	Auto:		Manual:		Air Con: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Hotel Chain:					

MEMBERSHIPS				
Airline / Hotel / Car / Other	Membership No.	Name As Per Membership	PIN #	Expiry

CREDIT CARDS*				
	Card Type	Card Holders Name	Card Number	Expiry
Business:				
Personal:				
Other:				

* If credit card is to be charged for travel, a separate authorisation form is also to be completed.

TRAVEL INSURANCE				
Are You Covered By Your Company's Travel Insurance Policy?	Yes	<input type="checkbox"/>	No:	<input type="checkbox"/>

