

UNACCOMPANIED MINOR

Requested for Carriage-Handling Advice
(非同伴小児運送申込書)

DATE.
(日付)

FULL NAME OF MINOR (お子様のお名前)				AGE (年齢)	GENDER (性別)
	Family Name(姓)	Given Name(名)	Nick Name(ニックネーム)		

FLIGHT DETAILS(旅程)

FLIGHT NO. (便名)	CLASS (クラス)	DATE (日付)	FROM (出発地)	TO (到着地)

PERSON ACCOMPANYING ON DEPARTURE—NAME, ADDRESS, MOBILE PHONE NO. AND THE RELATIONSHIP OF MINOR.
(出発地のお見送りの方—お名前、住所、電話番号、続柄)

NAME OF PERSON ACCOMPANYING ON DEPARTURE (お見送り氏名)	THE RELATIONSHIP OF MINOR (続柄)	MOBILE PHONE NO. (携帯電話番号)
ADDRESS (住所)		

PERSON MEETING AT STOPOVER POINT—NAME, ADDRESS AND TELEPHONE NO. AND THE RELATIONSHIP OF MINOR.
(乗継地又は中継地の付添の方—お名前、住所、電話番号、続柄)

NAME OF PERSON MEETING AT STOPOVER POINT (付添氏名)	THE RELATIONSHIP OF MINOR (続柄)	MOBILE PHONE NO. (携帯電話番号)
ADDRESS (住所)		

PERSON MEETING ON ARRIVAL—NAME, ADDRESS AND TELEPHONE NO. AND THE RELATIONSHIP OF MINOR.
(到着地のお出迎えの方—お名前、住所、電話番号、続柄)

NAME OF PERSON MEETING ON ARRIVAL (お出迎え氏名)	THE RELATIONSHIP OF MINOR (続柄)	MOBILE PHONE NO. (携帯電話番号)
ADDRESS (住所)		

※お引渡しの際、写真付き身分証明書を拝見させていただきます。
On arrival, Please show this person's ID with photographic such as passport, Driving permit, etc.

PARENTS/GUARDIAN—NAME, ADDRESS AND TELEPHONE NO.
(お子様のご両親あるいは保護者の方—お名前、住所、電話番号)

NAME OF PARENTS/GUARDIAN (ご両親、保護者氏名)	MOBILE PHONE NO. (携帯電話番号)
ADDRESS (住所)	

PURPOSE OF YOUR VISIT(入国目的)

☐ STUDY (留学)	☐ VISITING RELATIVES (親族訪問)
☐ OTHERS (その他)	

以下の ☐ は到着地使用欄のため記入不要です。ARRIVAL USE ONLY

お出迎えのお客様のご署名 Signature of person meeting on arrival	電話番号または住所 TEL. NO. or ADDRESS
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☐ 身分証明書確認 ☐ Check ID



A STAR ALLIANCE MEMBER



CONSENT AND RELEASE

TO: All Nippon Airways CO.,LTD.

Date:

1. I represent and warrant that the minor understands and follows the instructions of the carrier's staff, and he/she is able to take care of him/herself.
2. I consent that I have arranged for the minor mentioned on the reverse side of this sheet to be accompanied to the airport on departure and to be met at stopover and/or transfer point(s) 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 arrival of the flight.
3. Should the minor not be met as stated on the reverse side of this sheet, 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 certify that the minor is in possession of all travel documents (passport, visa, health certificate, etc) required by applicable law.
5. I have fully confirmed all the points to note in relation to food allergies as per the attached sheet.
6. I, the undersigned father/mother or guardian of the minor mentioned on the reverse side of this sheet, agree to and request the unaccompanied carriage of the minor named on the reverse side of this sheet and certify that the information provided is accurate.

Signature _____

(Place your signature also on the other sheet)



同意書

全日本空輸株式会社 殿

日付 年 月 日

1. 小児が、係員または乗務員の指示を理解し、これに従い、また自身で身の回りの用を足すことができることを保証します。
2. 私は裏面記載の同小児に対して出発地、乗継地（中継地）、目的地のそれぞれの空港に於いて、指定の者が付添い、出迎えるように手配済です。
3. 同小児が目的地に到着の際、若し裏面記載の出迎がない場合には、私は、貴社および関係の他航空会社はその措置をお任せし、これによって生ずる経費は私が負担いたします。
4. 同小児は有効な旅券・検疫証明書・査証・その他本旅行に必要な一切の書類を所持していることを保証いたします。
5. 私は食物アレルギーに関する注意事項について、別紙を確認済です。
6. 私は同小児の親（保護者）として裏面記載の通りの運送に同意し、貴社に依頼するものであり、以上の記載事項に相違ないことを確認いたします。

ご署名 _____

(本紙と写しの両方に署名願います。)



A STAR ALLIANCE MEMBER



別紙

食物アレルギーのお客様には、万が一の場合に備えて頂くことをお願い申し上げます。

（機内で提供している飲食物には、落花生を食材として選定しておりませんが、調理・製造段階において落花生を含む原材料（油等）が使用されている可能性があります。）

特定の食物にアレルギーをお持ちの場合は、アレルギーミールをご注文頂くか、ご自身で召し上がれる物をご用意頂きますよう、お願い申し上げます。また、アレルギーが発症した場合に対応できるよう、事前に医師と十分ご相談の上、処方された薬などを携行して頂くことをおすすめします。

Attachment

We advise customers with allergies to make any necessary preparations.

(In-flight meals and drinks do not use peanuts as an ingredient. However, there is a possibility that peanuts or peanut by-products (such as peanut oil) could be used during the preparation and/or manufacture of meals and drinks.) We advise customers with allergies to select allergen-free in-flight meals or to prepare their own meals for on-board consumption. So that you are prepared in the event of having an allergic reaction, consult thoroughly with a doctor before travelling and carry prescribed allergy medication with you.