

## **Direct Guest Reservation Transfer Request Form**

I would like to transfer my reservation number		on the
(Guest Name)	(Reserva	ation Number)
	sailing on (Sailing Date)	to my travel agent.
(Name of Ship)	(Sailing Date)	
Here is the information of my trave	el agency:	
Travel Agency Name:	My Paradise Planner (290139)	
Travel Agent Name:		<del></del>
Travel Agency Phone Number:	908-472-5936	
The guests traveling in the statero	om are:	
Reason that you would like to tran-	sfer to a travel agency (optional):	
outside of Final Payment period	ransferred to a Travel Agent up <u>to 14 days fro</u> . For new reservations booked within final sed if the request is received within 7 or les	payment period, that are paid in ful
If the transfer request involves a crequired criteria and you would like	hange in currency, we cannot accommodate a e to transfer your reservation, please complete e reservation to Norwegian. When emailing	transfer. If your reservation meets the this form. <b>Transfer request</b> must be
Print Name	Email address / Phone	No.
Signature	 Date	

Please email completed form to: dispatch@ncl.com