

HOT Facts

CONFIDENTIAL



It's essential that we have your details correct when making travel bookings for you.

If you're new to HOT, please complete the following details in full or if you've travelled with us before, please fill in any details which have changed since your last booking plus your visa and insurance needs.

Contact Details

Your Preferred Name	AA Smartfuel	
Mailing Address	Post Code	
Mobile Phone	Home Phone	
Email Address/es		

We may need to contact you while you're travelling. Please provide the best contact phone number and email address for you while out of New Zealand, if different from above:

☐ Yes, I would like to receive House of Travel emails (View our privacy policy: <https://www.houseoftravel.co.nz/hot-info/privacy-policy>).

Passport Details

Surname/s in passport	Title	
Given name/s in passport	Date of Birth	
Passport Number	Frequent Flyer Details	
Nationality	Meal Request	
Issue & Expiry Dates	Seat Preference	
Place of Issue	Other Special Requests	

Visa Requirements

If travelling on anything other than a New Zealand or Australian passport a valid re-entry permit will be required. Visas may be required to visit certain countries and the rules for visas often change. Failure to meet the visa requirements may result in disruption of your travel.

Do you require us to advise/assist you with passport/visa requirements? YES ☐ NO ☐

IF YES, you must advise us if you have any criminal convictions or serious communicable disease.

If you or your travelling companions have ever had a criminal conviction, a serious traffic conviction (eg. D.I.C) or a serious communicable disease, you can be refused entry to many countries despite there being no requirement for you to have a visa. You must disclose to us all previous convictions (if any) and whether or not you have ever been arrested and charged each time you depart from New Zealand. In both cases this is regardless of type of offence, when it occurred and the penalties involved. Please note the Criminal Records (Clean Slate) Act, which allows the non-disclosure of criminal convictions in certain circumstances, does not apply to overseas countries. IF YOU DO HAVE ANY CRIMINAL CONVICTIONS THEN THE VISA PROCESSING TIME CAN BE UPWARDS OF 8 WEEKS THEREFORE IT IS IMPERATIVE THAT WE RECEIVE THIS FORM BACK WITHIN PLENTY OF TIME OF YOUR DEPARTURE FROM NEW ZEALAND.

Pay or Stay: If you have unpaid fines and try to leave or come into New Zealand, the police can stop you at the airport. If you feel this may affect you please log onto [www.payorstay.govt.nz](http://www.payorstay.govt.nz) or ring 0800 PAYORSTAY for more information.

Travel Insurance

House of Travel strongly recommends you take travel insurance, regardless of your destination. Would you like us to arrange this for you?

YES - Please provide me with details and a quote ☐ NO – I am covered by my own insurance ☐ IF YES, do you have any pre-existing medical conditions? ☐

"Pre-existing Medical Condition" means any medical or physical conditions or circumstances of which you are aware, or of which a reasonable person in your circumstances should have been aware of: 1. Prior to the time of the policy being issues that is: a) a chronic or ongoing medical condition or dental condition; or b) pregnancy; or c) a medical condition connected with your current pregnancy; or d) in vitro fertilization treatment; or e) signs or symptoms for which you: • have not sought a professional opinion regarding the cause; or • are currently under investigation to define a diagnosis; or • awaiting specialist opinion, or 2. In the ten (10) years prior to the time of the policy being issued that involves: a) your heart, brain, circulatory system/blood vessels; or b) your lung or chronic airways disease; or c) cancer; or d) back pain requiring prescribed pain relief medication; or e) surgery involving any joints, the back, spine, brain or abdomen requiring at least an overnight stay in hospital; or f) diabetes mellitus (type 1 or type 2), or 3. In the two (2) years prior to the time of the policy being issued: a) for which you have been in hospital including admissions to an emergency department, or for which you have undergone day surgery; or b) for which you have been prescribed a new medication or had a change to your medication regime; or c) required prescription pain relief medication. This definition applies to you, your travelling companion, a relative or any other person.

“Additional Options (Special Activity Packs)” Certain activities such as *cruising, snow sports, adventure activities* and *bicycles* plus other activities may require you to also purchase one or more of the additional options (Special Activity Packs) see page 33 of the insurance brochure. If you have any questions or would like to add one of these packs to your insurance, please let your consultant know. Cruise ☐ Snow Sports ☐ Adventure Activities ☐ Bicycles ☐

Emergency Contact Details

Due to the Privacy Act we are unable to give out details of your bookings to anyone unless we have received your prior authorisation. Please give details of someone whom we can contact if we are unable to contact you. You authorise full disclosure of your travel arrangements to this person.

Contact Full Name:	Relationship:	
Contact Phone Number/s:	Email Address:	

Signature

Your name: Today's Date:

I confirm that I have read and understood the facts above and that all the details I have provided are correct ☐

It is essential that these details are completed and returned as soon as possible, so that we can provide you with full and accurate information regarding your international travel. We are not able to accept any responsibility for incorrect details or advice if this form is not completed correctly and returned to us.