

TRAVELLER PROFILE FORM

Information provided will be retained on a confidential basis and is for BCD New Zealand use only.

Personal Details: *(please note details must be provided as per the name shown on your passport)*

Title:	
Family Name/Surname:	
First Name:	
Middle Name(s):	
Preferred Name:	
Date of Birth dd/mm/yy:	
Employee Number:	

Company Details:

Company Name:	
Location Address:	
Department / Division:	
Position / Job Title:	
Cost Centre Code:	

Travel Co-ordinator / Personal Assistant Details: *(where applicable)*

Name:	
Phone:	Email:

Contact Details:

Work Phone:	Mobile:	Home Phone:
Email:		

Address Details:

Postal Address:	
Home Address:	

Passport: *If you will be travelling internationally, please provide a scanned or faxed copy of the first page of your passport and any current visas along with this form.*

Memberships:

Membership Type:	Membership Number:	Membership Name:	Status:

Credit Card Details: *(if using your card as a form of payment for travel)*

Type:	Name on card:	Card Number:	Expiry:
-------	---------------	--------------	---------

Personal Preferences: *Please circle your preference*

Seating:	Window / Aisle	Front / Rear	Other:
Smoking:	Yes / No		
Special Meal Required?:			

Please note you may be required to present a medical certificate to the airline for some meal type requests.

Additional Comments or information you would like to provide:

Once completed, please submit this to your BCD Travel Account Manager via email or fax.