



## Passenger Enquiry Form (PEF)

Passenger Details					
Surname of Passenger:					
First Names:					
Maiden Name:					
Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> D	Age:	Nationality:
Travelling from:				Travelling to:	
Home Address:					
Telephone: <input type="text"/> Mobile: <input type="text"/>					
Next of kin:					
Address of next of kin:					
Telephone: <input type="text"/> Mobile: <input type="text"/>					
Caller Details					
Surname: <input type="text"/>				Name: <input type="text"/>	
Address of caller:					
Telephone: <input type="text"/> Mobile: <input type="text"/>					
Relationship to Passenger:					
Do you agree that these details may be passed on to the Airline and / or Police? <input type="checkbox"/> YES <input type="checkbox"/> NO					
PEF completed by: <input type="text"/>				Time: <input type="text"/>	Date: <input type="text"/>
Action Taken					
Passenger <u>LISTED</u> as travelling				Passenger <u>NOT LISTED</u> as travelling	
Passenger Record Card completed by: <input type="text"/>				Caller advised by: <input type="text"/>	
Name: <input type="text"/>				Name: <input type="text"/>	
Time <input type="text"/>		Date <input type="text"/>		Time <input type="text"/>	Date <input type="text"/>
PEF passed to:	Airline <input type="text"/>	Police <input type="text"/>	Name: <input type="text"/>		Date: <input type="text"/>