

Travel Agency Transfer Form

Ι	_would like to transfer reserv	vation n umber	
Passenger Name		Res	; #
for theName of Ship	on the sailing date of	Sailing Date	to my travel agent
Travel Agency Information			
Agency Name:			
Booking Phone Number:			
Agent's Name:			
Agent's Email:			
MSC Cruises Agency ID #:			
Passengers Traveling in Stateroon	n: 		
Print Name:	Signature:		
Please fax this completed form to: mscexistingreservations@msccrus		rvations Dept. or sca	nn and email to
** Bookings may only be transferr is made outside of final payment p			n if the request