

## 임 산 부

# Declaration Form (for Expectant Mother)

To. Sky Angkor Airlines CO. LTD (스카이 앙코르 항공 귀하)

FLIGHT NO (편명) : ZA216

DATE (일자) : DD. MM. YY

ROUTE (구간) : ICN – PNH

The current progress of my pregnancy is \_\_\_\_\_ weeks/months

(현재 임신 경과는 \_\_\_\_\_ 주 / 개월 입니다)

The Undersigned passenger of Sky Angkor Airlines hereby declare and agree to release Sky Angkor Airlines, their agents and employees from any liabilities for possible detrimental consequence which may encounter at the time of entry destination.

(하기 본인은 아래와 같은 사유로 인하여 해당국 입국 시 발생할 수 있는 모든 제반 문제에 대하여 Sky Angkor Airlines에 일체의 책임을 묻지 않겠습니다)

Due to :

(  ) I have/have not obtained the medical clearance certifying that I am fit to travel on the above Flight. (의료 허가증을 취득하지 못하였습니다)

(  ) I hereby acknowledge that I have been informed by Sky Angkor Airlines Co., Ltd. of its regulations governing expectant mothers, and have been made fully aware thereof.

(스카이앙코르항공으로부터 임신부 규정에 대해 충분한 설명을 들었으며 인지하였습니다)

(  ) further agree and accept the conditions of carriage in respect of Expectant Mother pertaining to this Declaration.

(임산부와 관련된 운송 약관에 동의하고 수락합니다)

Address (주소) :

Tel (전화번호) :

Name (승객성명) :

Passport No (여권번호) : \_\_\_\_\_

Signature (서명) :

(  ) I agree to provide my personal information. (개인정보 제공에 동의함)