



ESTA Application Form

Please enter all information requested. Each member of your traveling party must complete a separate application. Please provide all responses in English.

COMPLETE form data by using keyboard and just TAB to each box for an auto "tick" to be applied. SAVE then reply by Email to us OR you can complete, then print and scan-email back to us or Post or Fax or drop it in personally. Make sure all data is correct. Contact us if unsure.

Family Name	First (Given) Name
Are you known by any other names or aliases?	
Please tick: YES NO	
IF YES, other Names/Aliases:	
PERSONAL DETAILS	
Family Name	First (Given) Name
Date of Birth	Gender:
	Male Female
City of Birth	Country of Birth
PARENTS	
Enter the names of your parents. These are required to complete the application. If you do not know the name of one or both of your parents, enter <u>UNKNOWN</u> , for each parent in the Family Name and First Name boxes. These fields can include the names of your biological, adoptive, step-parent or guardian.	
Family Name	First (Given) Name
1.	
2.	
PASSPORT INFORMATION	
Passport Number	Passport Issuing Country
Passport Issuance Date	Passport Expiration Date
Country of Citizenship	
Are you a citizen of any other country?	
Please tick: YES NO	

IF YES, other citizenships:			
Country	Passport Number	How did you acquire citizenship	
1.			
2.			
<p>Have you ever been a citizen of any other country?</p> <p>Please tick: YES NO</p>			
IF YES, Country of Citizenship:			
1.			
2.			
<p>Have you ever been issued a Passport or National Identity Card for travel by any other country?</p> <p>Please tick: YES NO</p>			
IF YES, please state below:			
If you do not know or have the Document Number and the Expiration Date, enter UNKNOWN and in both fields.			
Issuing Country	Document Type (P = Passport; I = Identity Card)	Document No	Expiration Year
GE MEMBERSHIP			
Are you a member of the CBP Global Entry Program?			
Please tick: YES NO			
IF YES, please state your PASSID / Membership Number:			
YOUR CONTACT INFORMATION			
E-mail Address		Telephone Number (Including Country Code)	
1.		Mob:	
2.		Home:	
3.		Work:	
HOME ADDRESS			
Address Line 1		Address Line 2 (if applicable)	
Apartment Number		City	
State/Province/Region		Country	
EMERGENCY CONTACT INFORMATION IN OR OUT OF THE UNITED STATES			

EMERGENCY CONTACT	
Family Name	First (Given) Name
Telephone Number:	
Country Code	Number
E-mail Address	
TRAVEL INFORMATION	
Is your travel to the US occurring in transit to another country?	
Please tick: YES NO	
IF NO, Address While In The United States:	
Address Line 1	Apartment Number
Address Line 2	City
State	
US POINT OF CONTACT INFORMATION	
A U.S. point of contact may be a friend, relative, or business associate. If you do not have a U.S. point of contact, please enter the name, address and telephone number of the location where you will be staying (e.g. a hotel name). You may also enter <u>UNKNOWN</u> .	
US Point of Contact	
ADDRESS	
Address Line 1	Apartment Number
Address Line 2	City
State	Telephone Number
EMPLOYMENT INFORMATION	
Do you have a current or previous employer?	
Please tick: YES NO	
IF YES, please answer the following section:	
Employer Name	Job Title
Address:	
Address Line 1	Address Line 2
City	State

Country	Telephone Number (Country Code + Phone)

SOCIAL MEDIA (OPTIONAL)	
Please enter information associated with your online presence.	
Provider / Platform:	_____
Social media Identifier:	_____

ELIGIBILITY QUESTIONS

Do any of the following apply to you? (Tick Yes or No)

- | | | |
|---|------------|-----------|
| <p>1) Do you have a physical or mental disorder; or are you a drug abuser or addict; or do you currently have any of the following diseases (communicable diseases are specified pursuant to section 361(b) of the Public Health Service Act:</p> <ul style="list-style-type: none"> • Cholera • Diphtheria • Tuberculosis, infectious • Plague • Smallpox • Yellow fever • Viral hemorrhagic fevers, including ebola, lassa, marburg, Crimean-congo • Severe acute respiratory illnesses capable of transmission to Other persons and likely to cause mortality. | Yes | No |
| <p>2) Have you ever been arrested or convicted for a crime that resulted in serious damage to property, or serious harm to another person or government authority?</p> | Yes | No |
| <p>3) Have you ever violated any law related to possessing, using, or distributing illegal drugs?</p> | Yes | No |
| <p>4) Do you seek to engage in or have you ever engaged in terrorist activities, espionage, sabotage, or genocide?</p> | Yes | No |
| <p>5) Have you ever committed fraud or misrepresented yourself or others to obtain, or assist others to obtain, a visa or entry into the United states?</p> | Yes | No |

6) Are you currently seeking employment in the United States or were you previously employed in the United States without prior permission from the U.S. government? **Yes** **No**

7) Have you ever been denied a U.S. visa you applied for with your current or previous passport, or have you ever been refused admission to the United States or withdrawn your application for admission at a U.S. port of entry? **Yes** **No**

**If YES: When?
Where?**

8) Have you ever stayed in the United States longer than the admission period granted to you by the U.S. government? **Yes** **No**

9) Have you traveled to, or been present in Iraq, Syria, Iran, Sudan, Libya, Somalia or Yemen on or after March 1, 2011? **Yes** **No**

Waiver of Rights: I have read and understand that I hereby waive for the duration of my travel authorization obtained via ESTA any rights to review or appeal of a U.S. Customs and Border Protection Officer's determination as to my admissibility, or to contest, other than on the basis of an application for asylum, any removal action arising from an application for admission under the Visa Waiver Program.

In addition to the above waiver, as a condition of each admission into the United States under the Visa Waiver Program, I agree that the submission of biometric identifiers (including fingerprints and photographs) during processing upon arrival in the United States shall reaffirm my waiver of any rights to review or appeal of a U.S. Customs and Border Protection Officer's determination as to my admissibility, or to contest, other than on the basis of an application for asylum, any removal action arising from an application for admission under the Visa Waiver Program.

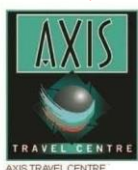
- * **Certification** : I, the applicant, hereby certify that I have read, or have had read to me, all the questions and statements on this application and understand all the questions and statements on this application. The answers and information furnished in this application are true and correct to the best of my knowledge and belief.
- For third-parties submitting the application on behalf of the applicant, I hereby certify that I have read to the individual whose name appears on this application (applicant) all the questions and statements on this application. I further certify that the applicant certifies that he or she has read, or has had read to him or her, all the questions and statements on this application, understands all the questions and statements on this application, and waives any rights to review or appeal of a U.S. Customs and Border Protection Officer's determination as to his or her admissibility, or to contest, other than on the basis of an application for asylum, any removal action arising from an application for admission under the Visa Waiver Program. The answers and information furnished in this application are true and correct to the best of the applicant's knowledge and belief.

Applicant's Name: _____

Signature: _____ Date completed: _____

Return to Axis Travel Centre via scan and email or fax personally or post.

If not already submitted, please send us a copy of your travelling PASSPORT with this form.



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"Where professional advice and quality service matter most"



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MEMBER ACCREDITED