

**Walk-On Passengers  
Dangerous Goods Declaration**



Customer to complete

Vessel: ..... Date: ..... Sailing Time: .....

Passenger name: ..... Signed .....

|   | Dangerous Goods – Proper Shipping Name | UN Number | Quantity |
|---|----------------------------------------|-----------|----------|
| 1 |                                        |           |          |
| 2 |                                        |           |          |

SeaLink to complete

Customer Care Consultant: ..... Signed: .....