



I henhold til krav fra myndighederne skal alle passagere registreres med de anførte oplysninger.  
**Navnelisten skal afleveres ved ombordstigning.**  
Benyt venligst blokbogstaver.



In accordance with the requirements of the public authorities, all passengers must be registered with the information stated below.  
**The name slip must be handed in on embarkation.**  
Please use block letters.



Auf Anforderung der Behörden müssen alle Passagiere bezüglich folgender Angaben registriert werden.  
**Namenzettel bitte abgeben, wenn Sie an Bord gehen.**  
Bitte mit Druckbuchstaben ausfüllen.



**BORNHOLMSLINJEN**

|                  |        |              |
|------------------|--------|--------------|
| Rejsedato:       | Rute:  | Gruppenavn:  |
| Date of travel:  | Route: | Groupname:   |
| Datum für Reise: | Route: | Gruppenname: |

|                                                |  |  | Køn   Sex   Geschlecht          |                          | Alder   Age   Alter        |  |  |
|------------------------------------------------|--|--|---------------------------------|--------------------------|----------------------------|--|--|
| Fornavn:<br>Firstname:<br>Vorname:             |  |  | Mand:<br>Male:<br>Männlich:     |                          | Dato:<br>Date:<br>Datum:   |  |  |
| Efternavn:<br>Surname:<br>Nachname:            |  |  | Kvinde:<br>Female:<br>Weiblich: |                          | Måned:<br>Month:<br>Monat: |  |  |
| Nationalitet:<br>Nationality:<br>Nationalität: |  |  |                                 |                          | År:<br>Year:<br>Jahr:      |  |  |
| 1.                                             |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 2.                                             |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 3.                                             |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 4.                                             |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 5.                                             |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 6.                                             |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 7.                                             |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 8.                                             |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 9.                                             |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 10.                                            |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 11.                                            |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 12.                                            |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 13.                                            |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 14.                                            |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 15.                                            |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 16.                                            |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 17.                                            |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 18.                                            |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 19.                                            |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 20.                                            |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |
| 21.                                            |  |  | <input type="checkbox"/>        | <input type="checkbox"/> |                            |  |  |