

#### Marazul Charters Inc.

1 Marine Plaza, Suite 302 North Bergen, NJ, 07047 Tel (201) 319-1054 Outside NJ 800-223-5334 (toll-free) Fax (201) 319-8970 Email info@marazul.com www.marazul.com

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7/30/2012

# INDIVIDUAL APPLICATION FORM

Full Name (as on passport):							
	First	M.I.	Li	ast			
Home Address:							
	street	city	state	zip			
Birth Date:	Birth Place						
Passport Number:	Exp.Date (must be valid for six months after entry to Cuba)						
Citizenship:	Occupation:						
Telephone: daytime ()		evening	()				
Fax: ()		Email					
Mother's Maiden Last Name:		Gender	:_FM				
If not a U.S. citizen, # of Alien F	Registration Card or	Visa:	Exp. Da	ate:			
Please find enclosed my certified check or money order made payable to Marazul Charters, Inc. for \$150 deposit or full payment, or please find attached the credit card authorization form.							
Please arrange my trip via:	Miami	NassauCai	ncun	other (specify)			
Please arrange my roundtrip connecting flight from my home city to departure point listed above.							
Requested date of departure to/arrival in Havana							
Requested date of departure from Havana							
Hotel(s) Requested (please indicate which nights you are requesting for each hotel):							
If not requesting hotel, please indicate address where you will be staying in Cuba							
Additional Requests: (e.g. Visa, Insurance, transfers, meal plans, air within Cuba)							

**VISA INFORMATION\*:** All travelers must have a valid passport and a Cuban visa. You are responsible for having proper documentation on your person to enter Cuba as well as to re-enter the United States and proper documentation to travel via a third country (if necessary) to Cuba. For certain categories of travel Marazul can assist with the Cuban visa application. The Cuban Government retains the right to grant or deny visas.

\*Very Important: persons born in Cuba, no matter what your current citizenship, will require additional documentation. Please contact our office for further information.



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**PAYMENTS:** Payments to Marazul Charters, Inc. can be sent via institutional checks (e.g. colleges or universities), certified check, cashier's check, bank transfer, or via credit card (Visa or MasterCard or American Express only). We cannot accept personal checks. Credit card payments can only be made via our Credit Card Authorization Form (enclosed).

U.S. AUTHORIZATION TO TRAVEL: Marazul Charters, Inc. can only make arrangements on behalf of individuals authorized to travel by the Office of Foreign Assets Control of the U.S. Department of the Treasury. This Office authorizes certain persons to travel by issuance of "specific licenses" and also authorizes certain categories of persons to travel without need to obtain a specific license. Please see below the information we must receive from you in order to determine whether you are authorized to travel to Cuba.

## **CANCELLATION AND REFUND POLICY:**

Address (Street)

Requests for INDIVIDUAL arrangements to Cuba require \$150 deposit. Balance is due upon receipt of your invoice.

Individual arrangements to Cuba are subject to the following cancellation charges if you cancel for any reason:

If your notice is received:	You will receive:			
B or more days before departure	Refund less \$50 reservation fee, \$50 visa application fee, and airfare if issued on a			
7. 41 16 1	non-refundable basis.			
7 to 4 days before departure	Refund less airfare, visa application fee, reservation charge and airfare in Cuba.			
3 days or less before departure	No refund.			
your point of departure to Cuba. Nor do the	harges imposed by the airlines for any connecting flights to/from ey include air tickets from Mexican, Canadian or other cities to Havana bought rs, Inc. accepts no responsibility for the issuance or denial of licenses for the issuance or denial of visas by Cuba.			
RESPONSIBILITIES				
nor operate any person or entity which is to, or Charters, Inc does not maintain any control over Charters, Inc assumes no responsibility for and other loss, accident, delay, inconvenience, or in negligent, willful, or unauthorized acts or omis (2) any defect in or failure of any vehicle, equior (3) any wrongful, willful, or negligent act or control of the Operator (4) sickness, weather, seach causes. All services and accommodations provided. Marazul Charters, Inc is not responsible trips arranged by Marazul Charters, Inc. Inc.	eholders, officers, directors, successors, agents, and assigns, neither own of does, provide goods or services for these trips or tours. Because Marazul er the personnel, equipment, or operations of these suppliers, Marazul di cannot be held liable for any personal injury, death, property damage, or regularity which may be occasioned by reason of (1) any wrongful, assions on the part of any of the tour suppliers, or other employees of agents, pment, instrument owned, operated or otherwise by any of these suppliers, or omissions on any part of any other party not under the supervision or strikes, hostilities, wars, terrorist acts, acts of nature, local laws or other are subject to the laws and regulations of the country in which they are lible for any baggage or personal effects of any individual participating in dividual travelers are responsible for purchasing a travel insurance policy, as associated with the loss of luggage or personal effects.			
LIABILITY RELEASE STATEME	NT			
Marazul Charters, its agents, employees, office iability arising from my participation in this tr	ve read the disclaimer stated above and I hereby release and discharge ers, directors, shareholders and successors from and against any and all rip. I agree that this release will be legally binding upon myself, my heirs, t being my intention to fully assume all risk of travel and to release tes to the maximum permitted by law.			
Signature				
Name	Dates of travel			

City

Zip

State

## TRAVEL AFFIDAVIT

I understand that, under current United States travel restrictions with respect to Cuba, travel-related transactions are prohibited except for the following categories and that by signing my name at the bottom of this Affidavit, I am declaring that I fall under the category I have checked below.

	Genera	al Licenses					
	1. States i	I am a U.S. or foreign government official or is a member, and I am traveling on official busing		nternational organization of which the United			
	2. broadc		ployed as a journalist by a news reporting organization, or I am regularly employed as supporting terson, and I am traveling to Cuba to engage in journalistic activities.				
		I am a full-time professional whose travel transactions are directly related to non-commercial, academic research in l-time professional area, and my research will comprise a full work schedule in Cuba and have a substantial likelihood of dissemination.					
	that reg	I am a full-time professional whose travel transactions are directly related to attending a professional meeting or ence in Cuba, which is organized by an international professional organization not headquartered in the United States gularly sponsors meetings or conferences in other countries. The purpose of the meeting or conference is not to promote in or other commercial activity involving Cuba or the production of biotechnological products.					
	5 (b).	ion and (iii) is no more than three generations from me or from a common ancestor, or					
	6 (b).	6. (a) I am visiting a close relative, who is a U.S. Government employee assigned to the U.S. Interests Section in Havana, or 6 (b). I share a common dwelling as a family with a generally-licensed family traveler in 6(a) above, and I am accompanying the licensed traveler on a family visit.					
	7 (a). I am regularly employed or duly appointed by a producer or distributor of agricultural commodities, and my travel is incident to commercial marketing, sales negotiation, accompanied delivery, or servicing in Cuba of agricultural commodities that appear consistent with export or reexport licensing policy of the U.S. Department of Commerce ("DOC").  7 (b). I am regularly employed or duly appointed by a producer or distributor of medicine or medical devices, and my travel is incident to commercial marketing, sales negotiation, accompanied delivery, or servicing in Cuba of medicine or medical devices that appear consistent with export or reexport licensing policy of DOC.						
	8. I am regularly employed or duly appointed by a telecommunications service provider, and my travel is for the commercial marketing, sales negotiation, accompanied delivery, or servicing in Cuba of telecommunications-related items that have been authorized for commercial export or reexport to Cuba by DOC.						
	9. I am regularly employed or duly appointed by a telecommunications service provider, and my travel is for participation in professional meetings for the commercial marketing, sales negotiation, or performance under contracts for the provision of telecommunications services, or the establishment of facilities to provide telecommunications services.						
	I am a faculty member, staff person, or student of an accredited U.S. graduate and undergraduate degree-granting academic institution (the "University"), and my travel is for (a) participation in a structured educational program in Cuba as part of a course offered for credit by the University, (b) non-commercial academic research in Cuba specifically related to Cuba and for the purpose of obtaining a graduate degree, (c) participation in a formal course of study at a Cuban academic institution, which will be accepted for credit toward a graduate or undergraduate degree, (d) teaching at a Cuban academic institution by a person, who is regularly employed in a teaching capacity at the University, when such teaching in Cuba will be no shorter than 10 weeks, or (e) organization of, and preparation for, educational activities authorized in the Regulations.						
X	11.	I am a member or staff of a U.S. religious org	anization, and my trave	el is for participation in a full-time program of			
religious	activitie	es in Cuba.	•				
Specific	License	1					
	12.	I have a specific license from OFAC, which v					
Name:			Date of Birth:				
Phone Number:		Address:					
I certify	that the	e above information is true and correct.					
SIGNATURE:			DATE:				
Witness	ed by O	FAC authorized Travel Service Provider (TSF	<b>P</b> )				
Name (	print)	Signature		Marazul Charters, Inc. 1 Marine Plaza, Suite 302			

North Bergen, NJ 07047