

LAST NAME _____, FIRST NAME _____ STATEROOM _____

**ROYAL CARIBBEAN INTERNATIONAL
GUEST CERTIFICATION FOR AUTHORIZED U.S. TRAVEL TO CUBA**

I acknowledge and understand that U.S. law currently prohibits persons who are subject to U.S. jurisdiction from traveling to Cuba unless authorized under a general license, or a specific license, as set forth in the Cuban Assets Control Regulations (“CACR”), 31 C.F.R. Part 515, administered by the Office of Foreign Assets Control of the U.S. Department of Treasury (“OFAC”). In accordance with U.S. law, all Royal Caribbean International (“Royal Caribbean”) guests (including minors), regardless of their citizenship or visa status, traveling to Cuba from the U.S. must comply with CACR, and must complete this Guest Certification prior to boarding the vessel.



Please complete Part A, Part B, and Part C below, and refer to the Guest Instructions should you need additional information regarding how to complete this Guest Certification.

PART A. AUTHORIZED CUBA TRAVEL CATEGORIES

All Royal Caribbean guests (including minors), regardless of their citizenship or visa status, must review and check one box below:

1. FULL DAY-ROYAL CARIBBEAN PROGRAM: While in Cuba, I plan to participate in a program with a full day schedule of people-to-people educational exchange activities offered by Royal Caribbean (31 C.F.R. § 515.565(b)).

2. FULL DAY-THIRD PARTY PROGRAM (TOURS NOT SPONSORED BY ROYAL CARIBBEAN): While in Cuba, I plan to participate in a program with a full day schedule of people-to-people educational exchange activities offered by a U.S. sponsoring organization (that is not Royal Caribbean), and the predominant portion of the activities is not with a prohibited official of the Government of Cuba, or a prohibited member of the Cuban Communist Party (31 C.F.R. § 515.565(b)).

3. SELF-GUIDED PROGRAM (ONLY PERMITTED FOR PASSENGER BOOKINGS MADE BEFORE JUNE 16, 2017): While in Cuba, I plan to be on a “self-guided” program of people-to-people educational exchange activities (31 C.F.R. § 515.565(b)).

4. OTHER GENERAL LICENSE CATEGORIES: While in Cuba, I plan to engage in activities meeting the requirements of at least one (1) of the general authorized license categories set forth by OFAC. Please check the applicable category(ies).

- Family visits (31 C.F.R. § 515.561);
- Official business of the U.S. government, foreign governments, and certain intergovernmental organizations (31 C.F.R. § 515.562);
- Journalistic activity (31 C.F.R. § 515.563);
- Professional research and professional meetings (31 C.F.R. § 515.564);
- Educational activities (31 C.F.R. § 515.565);
- Religious activities (31 C.F.R. § 515.566);
- Public performances, clinics, workshops, athletic and other competitions, and exhibitions (31 C.F.R. § 515.567);
- Support for the Cuban people (31 C.F.R. § 515.574);
- Humanitarian projects (31 C.F.R. § 515.575);

- Activities of private foundations or research or educational institutes (31 C.F.R. § 515.576);
- Exportation, importation, or transmission of information or informational materials (31 C.F.R. § 515.545); or
- Certain export transactions that may be considered for authorization under existing Department of Commerce regulations and guidelines with respect to Cuba or engaged in by U.S.-owned or -controlled foreign firms (see 31 C.F.R. § 515.533 and § 515.559).

5. SPECIFIC LICENSE: I am authorized to travel to Cuba under a specific license issued by OFAC. Please include the license number and a copy of the license.

My specific license number is _____.

PART B. GUEST INFORMATION

Name (please print): _____

Passport Number: _____

Passport Origin Country: _____

Date of Birth: _____

Permanent Address: _____

Telephone Number: _____

Name & Address of Travel Agency, if applicable: _____

PART C. GUEST SIGNATURE

By signing my name below, I declare and certify that my travels fall under the category(ies) I selected above, that I am authorized by OFAC to travel to Cuba, and that I will comply with any and all applicable regulatory requirements and restrictions related to my travel to Cuba. If applicable, I authorize Royal Caribbean to provide a copy of this completed Guest Certification and related documentation to my travel agency and/or the person designated by my travel agency to maintain these records on its behalf.

Signature: _____

Date: _____

Signature of Parent or legal guardian of minor: _____

Name of Parent or legal guardian of minor (please print): _____

Date: _____

PLEASE RETAIN A COPY OF THIS GUEST CERTIFICATION FOR AT LEAST FIVE (5) YEARS FROM THE DATE OF AUTHORIZED TRAVEL TO CUBA.