

Costa Crociere S.p.A.	Corporate Management System	Rev. 7	
Code P2.7.3 Man.01 MO 01	P 2 CRUISE MANAGEMENT SPECIAL NEED INFORMATION FORM	Date 05/01/17	Pag1/15

INFORMATION CONCERNING PROCESSING OF PERSONAL AND SENSITIVE DATA

Pursuant to Art. 13 of Legislative Decree no. 196 of June 30, 2003 – the Italian Personal Data Protection Code (hereinafter “the Code”), Costa Crociere informs You that the personal and sensitive data, regarding Your state of health (hereinafter “the Data”), either provided by You directly at the time of booking and/or purchasing the tourism package or otherwise acquired in connection with or during Your cruise, will be processed in compliance with the provisions of the Code.

Your personal data will be processed manually and electronically, using the most advanced security measures in order to ensure privacy and confidentiality, for the following purposes: a) to finalize, manage and execute the contractual dealings between You and Costa Crociere; b) to determine that You are fit to take a cruise given that the availability of medical care on board may be limited, and also with regard to security issues; c) for the purpose of provision of supplementary health care and associated services requested by You; c) for the purpose of compliance with applicable domestic and EU laws, regulations and requirements as well as orders issued by competent authorities.

The Data may be disclosed solely for the aforementioned purposes, to the following categories of parties:

- persons, companies, associations or professional bodies that provide services, assistance and consultancy to Costa Crociere;
- parties whose right to access the Data is authorized by judgments and other decisions or injunctions issued by judicial authorities, including the port authorities in the places of disembarkation.

The Data may be transferred abroad, to third parties in countries within or outside the EU, for the purposes stated above.

Provision of sensitive data is necessary insofar as Your care may require specific medical attention and for the purpose of performance of the passage contract; failure to provide such data may prevent Costa Crociere from fulfilling its contractual obligations and/or result in You being refused passage.

You are also informed that, by making a request to Costa Crociere, You may exercise the rights provided for in Art. 7 of the Code, including the rights to obtain confirmation from the Controller as to whether or not personal data concerning You exist; to be informed of the source of the Data as well as of the methods and purposes of the processing; to obtain the erasure, anonymization or blocking of data that have been processed unlawfully, as well as the updating, rectification or, where interested therein, integration of the Data; to object, on legitimate grounds, to the processing of data concerning You.

The complete updated list of the Data Processors is available at Costa Crociere’s head office. The Data Controller is Costa Crociere S.p.A., headquartered in Piazza Piccapietra 48, Genoa.

With regard to the processing of data regarding Your health and medical condition and of any other sensitive data, where strictly necessary for the provision of health care services, Article 23, para. 3 of the Code requires You to specifically give consent as per the attached form.

Data Subject’s Consent to the processing of sensitive data

I, the undersigned, born in on and resident in, having read and examined the information provided by the Data Controller pursuant to Article 13 of Legislative Decree no. 196/2003 and

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aware in particular that processing will involve "sensitive data" defined in Art. 4, para.1d) and Art. 26 of the foregoing Decree:

- give my consent to the processing of my sensitive data necessary for provision of the services mentioned in the information sheet.

Place, Date *Data Subject's signature*.....

- give my consent to disclosure of the data to the parties mentioned in the information sheet.

Place, Date *Data Subject's signature*.....

Consent of parent or guardian in the case of processing of sensitive data pertaining to a minor or an incompetent adult

I, the undersigned, born in on and resident in, in my capacity as the parent/guardian of, having read and examined the information provided by the Data Controller pursuant to Article 13 of Legislative Decree no. 196/2003 and aware in particular that processing will involve "sensitive data" defined in Art. 4, para.1d) and Art. 26 of the foregoing Decree:

- give my/our consent to the processing of sensitive data pertaining to necessary for provision of the services mentioned in the information sheet.

Place, Date *Signature*.....

- give my/our consent to disclosure of the data to the parties mentioned in the information sheet.

Place, Date *Signature*

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GENERAL INFORMATION AND PERSONAL DATA - Form A1

Guest Name _____ Age _____ Nationality _____

Booking nr. _____ cabin nr. _____ Ship _____ Departure date _____

PLEASE READ CAREFULLY:

Costa Cruise Lines will attempt to accommodate the needs of all passengers so they may enjoy our vessels to the fullest. While we do our best to provide assistance and service, in certain situations, when your health and wellbeing is jeopardized, or your needs are in contrast with the security rules on board, Costa Cruise Lines reserves the rights to restrict you from travelling. The following information is necessary so that we are fully aware of any special medical, physical or other requirements you may have, this must be collected at the time of the reservation. ¹

Have you purchased air transportation through Costa Cruises? YES NO

Have you purchased a pre or post cruise package through Costa Cruises? YES NO

If yes to either question above: accommodation will be made to the specific situation.

IMPORTANT NOTES:

- Please kindly note that our Medical Dept. if necessary, may request medical documentation or specific medical authorization to do the cruise.
- We recommend you to carry a copy of your medical records (e.g., EKG, medication list, allergies, etc.) to assist us should medical care be required during the trip.
- Please remember to bring in your hand luggage all your necessary medications, in sufficient quantity for the entire cruise.
- If your routine medications include injectable medicines, please ask the cabin steward for an appropriate sharps container for the disposal of your syringes or needles.

IMPORTANT

Our ship infirmaries have very limited capabilities. If you are currently undergoing medical treatment or have a medical condition, which may require treatment onboard, please provide Costa Cruise as much detailed information in advance to permit sufficient time for review and processing. The above information, collected from the reservation agent, shall be sent directly to our Medical Dept. and it will be processed in a confidential way.

Please complete and return this form to (To be personalized by each country office)
Each country office must receive information not less than 3 days from the confirmation of the booking prior to the sailing date.

The present forms must be filled in and send to the Costa Offices only together with the INFORMATION CONCERNING PROCESSING OF PERSONAL AND SENSITIVE DATA filled in entirely and signed by the guest.

Passenger Signature

Date

¹ Please read the Booking Conditions in our Brochure

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MEDICAL TREATMENTS DURING THE CRUISE - Form A2

Guest Name _____ Booking nr. _____ Ship _____ Departure date _____

We recommend you to carry on your hand luggage all your necessary medicines with the medical prescriptions, in sufficient quantity for the entire cruise.

General Health Condition:

Medications you intend to bring on board:

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PHYSICIAN'S DECLARATION - Form A3

Guest Name _____ Booking nr. _____ Ship _____ Departure date _____

To Be Completed by your Physician

The following information may be used to establish the eligibility of the above named prospective guest as to his/her health considering the limitations of ship medical facilities.

KINDLY WRITE IN A CLEAR AND READABLE WAY

Diagnosis in Detail and declaration that the passenger is fit to travel:

List all medications: _____

Potential problems or complications, which may occur during the cruise:

Does the guest use any prosthesis (if yes please indicate the type)?

I certify that the health conditions of Mr./Mrs _____ allow him/her to travel.

PLEASE RETURN TO:

To be personalized by each country office

<p>PHYSICIANS INFORMATION</p> <p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Fax:</p> <p>Signature:</p>

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FORM ONLY FOR AIR TRANSPORT– Form A4

Costa Crociere would like to ensure that your transport by air, for reaching the main ports, from which will depart your cruise, will be as pleasant and satisfactory as possible.

For that reason, conforming to the security regulations is very important to verify the **extend of your disability**.

Please indicate your condition by choosing among the following conditions:

- WCHR:** I need the wheelchair only for reaching the aircraft, I can use the stairs of the aircraft by my own and I can reach my seat on board the aircraft.
- WCHS:** I can't get on board or get off the aircraft on my own, but I can reach even with some difficulty my seat on board the aircraft.
- WCHC:** It's quite difficult for me to move, I need the wheelchair during the embarkation, debarkation and for reaching my seat on board the aircraft.

Note: For Guests which choose this last condition is compulsory to be accompanied during flights that last more than three (3) hours.

DIABETIC GUEST OR WITH OTHER MEDICAL TREATMENTS

- If you are going to bring syringes in your bag handbag, please indicate:

How many syringes you are you going to bring with you?

Length of the stringe

Length of the needle

Type of the medicine

Note: please indicate the quantity of the medicines (in boxes or in other form)

- In case you are going to bring with you needle lancing:

How many needle lancing are you going to bring with you?

Length of the needle lancing?

- In case you are going to bring with you hypoglycemic strips:

How many hypoglycemic strips you are going to bring with you?

Nota : indicare quantità delle strisce (in scatole o in diversa misura)

- Are you bringing with you a cooler box or bag with dry ice? Yes No

If yes, please indicate the dimensions of the box/ bag (length, width, depth) and weight

If yes, do you use iced water or dry ice (compulsory for air transportation)?

- Do you need to use injections on board the aircraft during the flight? Yes No

Note: In case you transport syringes and medicines in your handbag it is necessary to have with you a medical certificate written in English, which certifies that you need to bring with you these syringes/medicines, the quantity, the dose and the way you administer the medication.

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FOR GUESTS THAT NEED WHEELCHAIR - Form A5

The vessels have a limited number of cabins for disabled passengers. Some areas and facilities on board are not accessible by the disabled and/or are unable to accommodate disabled passengers.

Consequently, bookings from disabled passengers will be accepted within the limits of such availability and, if necessary, may require that such passengers be accompanied by persons capable of providing them the assistance they require.

The Organiser will take no responsibility for setting up alternative schedules on board the vessel or ashore for disabled passengers and will not be held responsible for any impediment or difficulties encountered by them in making use of the services and activities included in the tourist package. ²

For transfers and shore excursions organized by Costa Cruise please specify if the guest is able to step onto the bus by him self or with the assistance of a person that travels with him. In case the guest is not able to get onto the bus please ask for a personalized transfer of shore excursion; please note that this service will have an extra cost.

For Shore Excursions during the cruise, please recommend to the Travel Agency to always check with the guest any special requirements that could be needed for these particular guests. This is due to the fact that not all Costa Tours can be performed by guests with limited mobility. Furthermore, it's important to check when the itinerary includes ports that require tenders, because it can be dangerous to go shore side.

In case of special needs please forward a request to your Travel Agency and Costa Booking Office in order to check the feasibility of what requested and the related costs.

For more information please visit: www.costacrociere.it/esigenzespeciali.

➤ What type of wheelchair do you intend to bring with you? Collapsible Scooter* Electric

➤ Please indicate the dimensions of the wheelchair:

when open Width _____ Length _____ Height _____

when closed: Width _____ Length _____ Height _____

Please indicate the weight of the wheelchair : _____

➤ What type of battery is used? _____ How many are needed? _____

Accessibility of Scooters/Electric Chairs may vary by ship. Gel-type batteries requested for electric powered scooters.

² Please read the Booking Conditions in our Brochure

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PASSENGER'S STATEMENT: I state that I have checked the technical specifications of my electrical device and it can function regularly with current 220V and frequency 60 Hz as per ship's electrical system.

Please note that it's not permitted to embark scooters that use inflammable fuels.

➤ Are you able to step up onto a motor coach by yourself? Yes No

(If not we have to request a special transfer with a higher charge)

Signature of the passenger for acceptance of the above mentioned conditions

DISABLED GUESTS ACCOMPANIED BY A CERTIFIED GUIDE DOG - Form A6

Important Note

The certified guide dog must have been subjected to due immunizations and the possessor must have a regular passport.

- In order to get permission to board the recognized service dog, you must submit the following documents to the Costa reservations office,
 - I. A copy of the dog's passport certifying the dog's data and vaccinations. The Guest should be informed to bring along the original current vaccination records of the service animal, to be presented on embarkation;
 - II. a proof from the local health authority, that the guest is registered disabled;
 - III. a statement from the Guest's family doctor (on letterhead with stamp and signature) that indicates the suitability of the Guest to travel by ship (even alone) and the real need to be accompanied by a certified guide dog;
 - IV. the certificate of the animal's ability to give the necessary assistance according to the guests disabilities.

- Some ports of call will not allow dogs to disembark due to quarantine laws. The guests are required to personally check what are the necessary documents required by the authorities in the various ports of call for the landing of assistance dogs

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- The guest is required to bring sufficient food for the guide dog (and medication if applicable) to last the duration of the cruise. Costa cannot supply dog food or dog medication.
- The owner of the certified guide dog is responsible for its safekeeping. Costa Crociere, the ship and its crew are exempt from any responsibility for the health, care or welfare of the animal.
- The owner of the guide dog is liable for any damage to people/ objects caused by the animal and is required to use the area reserved for the animal's needs and to maintain the cleanliness of the said area.
- The dog must remain on a leash, when in all public areas of the ship. The owner of the guide dog will personally supervise and guard the animal, so that he/she does not cause damage and / or disturbance to persons or objects present on the ship.
- In case of non-compliance with the provisions above, and/or where the guide dog shows aggressive behavior that poses a threat to anyone present on the ship, it is at the discretion of the ship's Officers to take actions. These actions could result in the dog being banned from certain public areas and/ or restricted to the cabin. In severe cases, it could result in the disembarkation of both the dog and its owner.

Other Notes: _____

Guest's Signature for acceptance of the above conditions _____

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FOR GUESTS WITH INTOLERANCES – Form A8

Are you intolerant to any substances? YES NO

Is this intolerance by contact or by ingestion of the element? _____

Please list here below to which elements you are intolerant:

In case of intolerance to nickel the guest must bring with him the pots and kitchenware that uses, since the pots on board may contain a percent of nickel

VERY IMPORTANT: Please contact the Maitre D' on embarkation day, in order to arrange your diet on board.

FOR GUESTS WITH ALLERGIES – Form A9
(Please provide medical certificate)

Are you allergic to any substances? YES NO

Is a life threatening allergy? YES NO

Please indicate if this is an allergy by contact or by ingestion _____

Please list here below to which substances you are allergic:

Please bring with you any medicines that can help you overcome the eventual and accidental contact or ingestion of the substance

In case of allergy to nickel the guest must bring with him the pots and kitchenware that uses, since the pots on board may contain a percent of nickel

VERY IMPORTANT: Please contact the Maitre D' on embarkation day, in order to arrange your diet on board.

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FOR GUESTS THAT NEED OXYGEN BOTTLES ON BOARD – Form A10
(Please provide medical certificate- Form A3)

The infirmary is equipped with oxygen for emergency use ONLY. If you will require the use of oxygen during your cruise, you must arrange for an adequate supply to be delivered to the ship on your sailing date. **You can embark only liquid oxygen onboard**, as it's the only one that can be transferred from the big bottle to the companion's type one.

IMPORTANT: FOR SECURITY REASONS YOU CAN KEEP IN YOUR CABIN ONLY A COMPANION'S TYPE BOTTLE OF OXYGEN (MAX 3,1 LITRES), IT IS COMPULSORY TO EMBARK A COMPANION'S TYPE BOTTLE. LARGER BOTTLES MAY BE KEPT IN THE INFIRMARY WHERE THE GUEST CAN GO TO FILL THE COMPANION'S TYPE OXYGEN BOTTLE.

ATTENTION THE MAXIMUM QUANTITY OF OXYGEN THAT IS PERMITTED TO BE EMBARKED IS 80 LITRES.

The passenger should arrange the disembarkation of all his/her material on his disembarkation day.

- How many bottles are you bringing?

- What capacity are the bottles you'll bring on board (litres)?

- How much do the bottles weigh & what are their dimensions?

IMPORTANT : If you use a Company for delivering the oxygen to the ship, please provide in advance with the following information to our Costa Booking Office in order to arrange the embarkation and debarkation of the material on board :

- 1) A Pro-forma invoice and a packing list of the material that will be delivered to the ship
- 2) The type of vehicle that will make the delivery to the port and its plate number, as well as the Identity card of the Driver. The same data must be send for the collection of the bottles on the disembarkation day by Company that provides the material. The collection of the bottles on the disembarkation day is mandatory.
- 3) Please place a label on all bottles that you will embark with the following dates:

Name of the Ship and date of departure of the cruise

Name, surname and cabin number of the passenger

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Once the above mentioned documents are received in our Costa Booking Office, will advice you about all expenses for embarking /disembarking the material or/and custom formalities.

VERY IMPORTANT : ALL THE BOTTLE MUST BE FOLLOWED BY DOCUMENTS SHOWING ITS GOOD CONDITION, THE DATE OF THE LAST REFILLING AND THE LAST PRESSURE TEST ISSUED BY AUTHORIZED COMPANY.

Guest signature for acceptance of the above mentioned conditions

<p>FOR GUESTS THAT NEED PERITONEAL DIALYSIS – Form A11 (Please provide medical certificate – Form A3)</p>
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Guests undergoing CAPD (Peritoneal Dialysis) should be able to execute the whole procedure by themselves.

1. the clients that need a device for warming the dialysis material, have to make this operation in the hospital, because it's not allowed to keep in the cabin heating devices or with high absorption for security reasons.

Please indicate how many times a day you need to operate the Peritoneal Dialysis with heating device

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IMPORTANT: Please note that on board all Costa vessels the power outlets in the cabins have an alternating current of 220-110 Volts/60 Hz, so please verify that your device can function correctly with this current.

PASSENGER'S STATEMENT: I state that I have checked the technical specifications of my electrical device and it can function regularly with current 220V and frequency 60 Hz as per ship's electrical system.

- Any passengers undergoing CAPD (Peritoneal Dialysis) must arrange for the delivery of solutions and supplies.

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IMPORTANT

IMPORTANT: If you use a Company for delivering the needed material for the peritoneal dialysis to the ship, please provide us in advance with the following information to our Costa Booking Office in order to arrange the embarkation and/ or debarkation of the material on board :

1. Pro-forma invoice and a packing list of the material that will be delivered to the ship.
2. The type of vehicle that will make the delivery to the port and its plate number, as well as the Identity card of the Driver.
3. Please place a label on all boxes that you will embark with the following dates:
Name of the Ship and date of departure of the cruise
Name, surname and cabin number of the passenger

Once received the above mentioned documents are received in our Costa Booking Office, we will advice you about all expenses for embarking /disembarking the material or/and custom formalities.

Guest signature for acceptance of the above mentioned conditions _____

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FOR GUESTS THAT NEED TO EMBARK AN ELECTRICAL MEDICAL DEVICE ON BOARD - Form A12

IMPORTANT: Please note that on board all Costa Vessels the power outlets in the cabins have an alternating current of 220-110 Volts/60 Hz, please be sure that your device can function correctly with this current and frequency. Furthermore please note that are not allowed any heating devices or with high absorption, max 800 Watt, in the cabin.

PASSENGER'S STATEMENT: I state that I have checked the technical specifications of my electrical device and it can function regularly with current 220V and frequency 60 Hz as per ship's electrical system.

Please report the medical reason for which you need to bring the respiratory device on board:

IMPORTANT

If you use a Company for delivering the respiratory device to the ship, please provide us in advance with the following information to our Costa Booking Office in order to arrange the embarkation and/ or debarkation of the material on board:

1. A Pro-forma invoice and a packing list of the material that will be delivered to the ship
2. The type of vehicle that will make the delivery to the port and its plate number, as well as the Identity card of the Driver.
3. Please place a label on all boxes that will b embark with the following dates:
Name of the Ship and date of departure of the cruise
Name, surname and cabin number of the passenger

Once received the above mentioned documents our Costa Booking Office will advice you about all expenses for embarking /disembarking the material or/and custom formalities.

Guest signature for acceptance of the above mentioned conditions _____