



LLAMACUBATRavel , INC – A BETTER CHOICE TRAVEL
CUBA TRAVEL AFFIDAVIT AND BOOKING INFORMATION

OFAC CERTIFICATION:

I understand that the Office of Foreign Assets Control of the U.S. Department of the Treasury (“OFAC”) administers and enforces the Cuban Assets Control Regulations (“CACR”). I further understand that the CACR prohibits U.S. persons from traveling to Cuba, unless they qualify for a general license or hold a specific (written) license. I have reviewed the CERTIFICATION TO PROCEED WITH THE BOOKING]CACR and/or OFAC’s guidance on the travel restrictions.

I hereby certify that (a) I am subject to U.S. jurisdiction and (b) I qualify for a general license or hold an OFAC specific license, as marked below. **[EACH INDIVIDUAL TRAVELER MUST “CHECK” THE APPROPRIATE AUTHORIZATION AND SIGN**

I SELECT BELOW THE GENERAL LICENSE THAT AUTHORIZES MY TRAVEL: MUST CLICK ONE

<input type="checkbox"/> 515.561	Family Visit	<input type="checkbox"/> 515.574	Support for the Cuban People
<input type="checkbox"/> 515.562	Official Business of U.S. or Foreign Government, or Intergovernmental Organ.	<input type="checkbox"/> 515.575	Humanitarian Projects
<input type="checkbox"/> 515.563	Journalistic Activities	<input type="checkbox"/> 515.576	Activities of Private Foundations or Research/Educational Institutes
<input type="checkbox"/> 515.564(a)(1)	Professional Research	<input type="checkbox"/> 515.545(b)(1)	Activities to Export/Import Informational Materials
<input type="checkbox"/> 515.564(a)(2)	Participation in Professional Meetings	<input type="checkbox"/> 515.545(b)(2)	Professional Media & Artistic Productions
<input type="checkbox"/> 515.565(a)	Educational Activities for credit or for degree	<input type="checkbox"/> 515.533(d)(1)	Activities for DOC-Authorized Exports
<input type="checkbox"/> 515.565(b)	Educational Activities – People to People	<input type="checkbox"/> 515.533(d)(2)	Activities for Aircraft on Temporary Sojourn
<input type="checkbox"/> 515.566	Religious activities	<input type="checkbox"/> 515.559(d)	Activities for DOC-Authorized Medicines and Medical Supplies
<input type="checkbox"/> 515.567(a)	Competitions for amateur or semi-professional athletes		
<input type="checkbox"/> 515.567(b)	Public performance, clinics, workshops, other competitions, and/or exhibitions	<input type="checkbox"/> 515.570	Returning Cuban nationals

OR I HAVE OBTAINED SPECIFIC LICENSE FROM OFAC AND I STATE THE LICENSE NUMBER BELOW:

The specific license number is: _____. [Please provide copy to travel agent]

In “accepting” this certification, I solemnly affirm under penalty of perjury that to the best of my knowledge, the foregoing is true and accurate. Signature: _____

Name of Traveler: _____ US Address: _____

Date Signed: _____ Contact Phone#: _____ Email: _____

Date of Birth _____ Passport # _____ Expiration Date: _____ Issued by _____

Booking Information (PLEASE COMPLETE INFORMATION BELOW FOR INDIVIDUAL BOOKING)

Departure Date: _____ Departure Airport: _____ Arrival Airport: _____

Return Date: _____ Departure Airport: _____ Arrival Airport: _____

Would you like ABC to assist you with your Cuban Entry Document? (VISA or Passport)

- Yes,
 - Place of Birth: _____
- No

Please identify items you would like us to assist you with:

- Hotels: Description of hotels needed, including cities and type of accommodations: _____
- Bed and Breakfast – Casa Particular: Description of dates needed and locations: _____
- Ground Transportation with driver: Number of days, requested area _____
- Guide/Translator: Number of days _____
- Meals: Describe meals required: _____
- Travel Insurance: Air Ticket Protector Only (Y/N) _____ Complete Travel Insurance (Y/N) _____