

SHAREHOLDER BENEFIT REQUEST FORM

NAME: _____ DATE _____

(Owner of the 100 shares will receive the onboard credit)

SHIP: _____

SAILING DATE: _____ RESERVATION #: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ E-MAIL: _____

Enclosed is the following proof of ownership documentation required to receive shareholder benefit offer:

A photocopy of your shareholder proxy card

or

A current brokerage statement (brokerage account number must be blacked out before submitting) showing proof of ownership of at least 100 shares of Norwegian Cruise Line Holdings Ltd.

I, _____, hereby certify that the above information is accurate.
(Print name)

Signature: _____

Please submit Shareholder Benefit Request Form along with proof of ownership by mail or email to:



Mailing Address:
Norwegian Cruise Line
Shareholder Benefit Department
7665 Corporate Center Drive
Miami, FL 33126

Email:
ShareholderBenefit@ncl.com

To learn more about
Norwegian Cruise Line®
visit www.ncl.com



Mailing Address:
Oceania Cruises
Shareholder Benefit Department
7665 Corporate Center Drive
Miami, FL 33126

Email:
ShareholderBenefit@
oceaniacruises.com

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