

BOOKING FORM – PACKAGES

In order for us to process your booking request efficiently please complete the following information and return by fax to 011 678 4777. Please **PRINT in BLOCK CAPITALS** throughout, completing **ONE FORM PER COUPLE OR FAMILY**

TO BE COMPLETED BY THE AGENT

NB: NO reservations will be made until this form has been completed FULLY & returned to us.

Should the passengers surnames & first names be incorrect the client will be liable for the cost of re-issuing the air tickets & a change of booking fee will apply. Travel Documents will not be released without FULL PAYMENT & a VAT Invoice

Travel Agency:		Email Address:	
Consultant:			
Telephone:		Postal Address:	
Fax:			
Package Requested:		Physical Address :	
Departure Date:	Return Date:	Price Quoted :	Per Adult:
			Per Child:
			Per Infant:

TO BE COMPLETED BY THE PASSENGER

This information will be used to reserve flight and land reservations. Please ensure that names are correct **(AS THEY APPEAR IN YOUR PASSPORT)**. If incorrect you will be liable for the cost of reissuing airtickets.

Surname :	First Names :	Title:	Date of Birth D/M/Y:	Nationality:
1.				
2.				
3.				
4.				
5.				
6.				
7.				

SPECIAL INSTRUCTIONS (Meals/Health Conditions etc)	Passenger Name : Special Instructions :	Passenger Name : Special Instructions :
	EMERGENCY CONTACT DETAILS	Name : Relationship : Tel Number :
Passport number:	Passport Expiry :	Voyager Number :