

BOOKING FORM

Please read the important information and the booking conditions carefully before completing the details on the form, in block letters, and return with your remittance.

YOUR DETAILS

Travelers' Leader or Travel Agent (Address for correspondence)

Mr/ Mrs/ Ms (Surname): _____ First and middle Name: _____
 Address: _____ Postcode: _____
 Tel (H): _____ (W) _____ Fax: _____ Email: _____

Details of all Travelers - Name as appear on your passport										
Mr/ Mrs/ Ms	First and middle Name/s	Surname/s	Occupation	Date of Birth	Nationality	Passport Number	Place & Date of Issue	Expiry Date	V/NV	S

V= Vegetaria NV= Non Vegetarian S= Smoker

ALTERNATE CONTACT NUMBER WHILE YOU ARE AWAY: In case of emergency, fill in the name of a relative or friend we can contact.

Name: _____ Tel (H): _____ (W): _____
 Address: _____ Relationship: _____

MEDICAL HISTORY: Any Traveller suffer from any medical conditions? If so please state name and condition

Name: _____ Condition: _____

YOUR TRAVEL/TOUR DETAILS

Please fill your travel /tour details below:

Tour Name/ Resort Details/ Optional Extentions	Code	Destination/s	Date of Travel	Date of Return	Dutation of Travel	Depart place and airport	No. of Hotel Rooms		Any upgrade Yes /No
							Single	Double	

Type of Transport you would like to use:

Flight Train Bus/Travel tempo
 Car Cruise

Special Requests/ Essential Holiday Requirements/Observations: _____

If this travel/tour coincides with a special occasion (eg. Birthday /wedding anniversary) , please indicate or share .

REMITTANCE ADVICE

Deposit: Person@ 50% Per person
Full payment when booking less than 4-5 weeks prior to travel:
Total INR/EURO/USD

PAYMENT DETAILS :-

I/We wish to pay by Credit Card* (tick box). I/We wish to pay by Debit Card* (tick box). I/We wish to pay by Cheque* (tick box).
I/We wish to pay by Online Transfer* (tick box).

VISA Mastercard Other

*For security reasons we will contact you by telephone to pay by credit or debit card.

*Please note credit card charges incurred 2-4%

Please enclose a cheque made payable to ' _____ ' for the amount shown above.

Online Bank Transfer: Account No.- IBAN- SWIFTBIC-
I have transferred to the above account the sum of INR/EURO/USD _____.

TRAVEL INSURANCE

Travel insurance is required for travel with Global trots. Please provide photocopy of your travel insurance including an outline of the Insurance Company Name , the amounts your are covered for, your policy number and 24hrs emergency telephone number.

If you are unable to supply insurance details. Please sign indemnity statement below:

I undertake on behalf of myself and all members of my party to arrange travel insurance which provides adequate health and repatriation cover. I absolve Global trots of all possible liabilities which may arise if I fail to take out adequate insurance cover and indemnify Global trts for any costs incurred due to my failure to take out adequate insurance cover.

Signature: _____ Date: _____

DECLARATION

I am over 18 years of age and I agree on behalf of myself and all other persons on this booking form that I have read and understood the Booking Conditions, Important Information and the Insurance Conditions (where applicable) and warrant that I have the authority of all persons named on this Booking Form to make the booking subject to these conditions. All members of the party personally accept responsibility to be aware of, and comply with health, passport and visa requirements. I also agree that where applicable, I authorise my agent to make this booking on my behalf.

Signature of passanger: _____ Stamp and signature (Company): _____
Place : _____ Date: _____ Date: _____

