BOOKING FORM | CEDARBERG AFRICAN TRAVEL

5 Oriel Court, 106 The Green, Twickenham, Middlesex TW2 5AG **Tel: 020 8898 8533** Fax: 020 8898 8510

CLIENT DETAILS PLEASE COMPLETE IN BLOCK CAPITALS

EXACTLY AS IN YOUR PASSPORT

AS IN PASSPORT SURNAME	FIRST NAME	TITLE	NATIONALITY	PASSPORT NUMBER	PASSPORT EXPIRY	DOB

LEAD CLIENT NAME AND ADDRESS (TO WHICH CORRESPONDENCE WILL BE SENT)

PLEASE SUPPLY THE NAME, RELATIONSHIP, ADDRESS AND TELEPHONE NUMBER OF A **NEXT OF KIN** WHO IS NOT TRAVELLING

HOME TEL: FAX:

WORK TEL: MOBILE:

EMAIL:

TRAVEL INSURANCE

IF YOU **DO NOT** REQUIRE OUR INSURANCE POLICY COVER PLEASE FILL OUT DETAILS OF YOUR OWN COMPARABLE COVER BELOW.

POLICY NO:

NAME OF INSURER:

EMERGENCY SERVICE TELEPHONE NUMBER:

IF THIS SECTION IS NOT COMPLETE THEN WE WILL ASSUME THAT **YOU DO** REQUIRE OUR RECOMMENDED INSURANCE AND YOU WILL BE INVOICED ACCORDINGLY.

PAYMENT DETAILS

CHEQUES SHOULD BE MADE PAYABLE TO **CEDARBERG TRAVEL LTD.** OR TO YOUR ABTA TRAVEL AGENT (IF APPLICABLE).

DEPOSIT: PERSONS @ 250* PER PERSON £

FULL PAYMENT: TOTAL ACCOUNT BALANCE £

IF A HIGHER DEPOSIT IS NECESSARY FOR YOUR HOLIDAY, THEN THIS WILL BE ADVISED IN YOUR PROPOSAL LETTER.

REFERENCE

HOW DID YOU HEAR ABOUT CEDARBERG TRAVEL? PLEASE TICK AND DETAIL

- ☐ **RECOMMENDED:**
- ☐ **NEWSPAPER/MAGAZINE ARTICLE:**
- ☐ **WEBSITE:**
- ☐ **TRAVEL AGENT:**
- ☐ **OTHER** PLEASE SPECIFY:

TRAVEL AGENT

TRAVEL AGENT'S STAMP

TRAVEL AGENT'S REF. NO:

TRAVEL AGENT'S ABTA NO:

HOLIDAY DETAILS

TOUR REFERENCE:

CONSULTANT NAME:

DESTINATION:

DATE OF DEPARTURE: **NO. NIGHTS:**

ROOMS REQUIRED: SINGLE ☐ TWIN ☐ DOUBLE ☐ FAMILY ☐

SPECIAL REQUESTS (E.G DIETARY REQUIREMENTS, AIRLINE SEATING NOTE THAT WE WILL REQUEST BUT CANNOT GUARANTEE):

CREDIT CARD PAYMENT

CEDARBERG TRAVEL LTD. ACCEPTS PAYMENT BY VISA, MASTERCARD OR AMEX (A PROCESSING FEE OF 1.5% APPLIES) OR DEBIT CARDS (NO FEE)

PLEASE DEBIT MY ACCOUNT WITH THE AMOUNT SHOWN:

£ (DEPOSIT)

£ (BALANCE) ON (DATE)

VISA ☐ MASTERCARD ☐ AMEX ☐ SWITCH ☐ (NO FEE)

SECURITY CODE: (3 DIGITS ON BACK OF YOUR CARD) ☐☐☐

AMEX ONLY **CARD NO:** ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

ISSUE NUMBER: ☐☐ (SWITCH ONLY)

EXPIRY DATE: ☐☐/☐☐ **START DATE:** ☐☐/☐☐

SIGNATURE:

NAME AND ADDRESS OF CARD HOLDER:

DATE:

DECLARATION

I AM OVER 18 AND HAVE READ AND UNDERSTOOD THE CONDITIONS OF BOOKING AND GENERAL INFORMATION AND ACCEPTED THE PRICES QUOTED, AND I CONFIRM THAT I AM AUTHORISED TO ACCEPT THEM ON BEHALF OF ALL PERSONS INCLUDED IN THIS BOOKING, WHETHER NAMED OR NOT.

SIGNATURE:

NAME: **DATE:**