

Booking Form

Title: _____ Name: _____

Address: _____

_____ Country: _____ Post/Zip code: _____

Email address: _____

Tel. Home: _____ Tel. Work: _____ Tel. Mobile: _____

Passenger details (please enter party leader's details first)

Title:	First name: First name & Surname only, exactly as written on passports*	Surname:	Age: On departure date	Date of Birth: D / M / Y	Nationality:	Emergency contact name & number when abroad:
				/ /		
				/ /		
				/ /		

* We will use the names written here to issue your airline tickets; please ensure they are correct as on your passport. Alterations at a later stage may incur charges.

Your holiday details

Please list the start date of your arrangements with Expert Africa

Name of consultant: _____ Quote number: _____ Start date: _____ D / M / Y

Personal insurance

It is a condition of booking that all travellers are fully insured before they travel, including 24-hour emergency medical cover with a repatriation service.
We need to know insurance details for all travellers in the event of any emergency, so please complete the following:

My insurers are: _____ Policy number: _____

24 hour emergency No.: _____ Policy start date: _____ D / M / Y Policy end date: _____ D / M / Y

Payment

If you are booking more than ten weeks before departure, we need a deposit to confirm your booking. We require:

- £600 / US \$900 / €700 per person for bookings of under £3,000 / US \$4,500 / €3,500 per person, or
- 20% of the value of the trip for bookings over £3,000 / US \$4,500 / €3,500 per person

If you are booking less than ten weeks before departure, then the full cost of your trip is required to confirm your booking.

Please see our webpage www.expert.africa/make-a-payment for full details of our payment options. Then tick one box to advise us how you wish to pay:

- I wish to pay by credit, debit or charge card in UK pounds or US dollars.
Use the login link in the top right of our website to pay via our secure payment system.
- I wish to pay by a direct bank transfer or 'wire transfer'.
We'll then email Expert Africa's bank details to you.
- I wish to pay by cheque.
Enclosed cheque(s) here to the value of _____ payable to Expert Africa.

Vital travel information & special requests

Please write below anything that is important to your enjoyment of this trip:

Dietary requirements:

Medical conditions:

Room preference: (eg. twin/double)

Special requests:

Not all requests can be guaranteed - but we will always do our best. Do include any room requests (eg. honeymoon suite) and any special occasions that you are celebrating. It is important that you reiterate any dietary & medical requests on arrival at each property, to ensure the correct information has been passed on to the correct person. If you have more detailed special requests, please ask us for an additional form.

Signature (party leader)

Please read our booking conditions and general information before signing. If under 18 years of age, this should be signed by a parent or guardian.

On behalf of the above named persons, I accept the booking conditions which form part of this contract.

Signed: _____

Date: _____ D / M / Y