

Booking Form

Please fill in your details carefully using **BLOCK CAPITALS**

| | Title | First Name | Surname | Nationality | Date of Birth | Passport Expiry |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Insurance:

It is a condition of booking a tour with us that you must be fully insured against medical and personal accident risks. Please send us the name of your insurance provider, a contact telephone number, your policy number, expiry date and details of the medical and repatriation cover provided.

Tour Name/Custom

Departure Date

Room Type Required

Double Single Twin

PAYMENT DETAILS (per person booked)

A deposit of 20% of the tour cost and room supplements for each person booked is payable at the time of booking unless a booking is made within 70 days of departure when full payment is required.

Deposit (20%)

 £

Room supplement

 £

Total amount enclosed

 £

Please make cheques payable to Apex Safaris Ltd.

PAYMENT BY CREDIT CARD

I wish to pay by: VISA AMEX Delta Mastercard Switch

Card Number

Expiry date

Card Security Code (the last three digits on the reverse of your card)

Switch cards only:

Card Issue No:

or valid from date

Deposit/Full amount

 £

Please charge my final balance 70 days before my holiday (please tick)

Please Note: Final balances are subject to a 2% credit card commission charge. Delta and Switch cards are exempt.

Card holder's name:

On behalf of the person(s) included on this form I agree to accept the Booking Conditions as stated.

Signature Date

Address of first person named to whom all correspondence will be sent

Contact telephone numbers

Home:

Other:

E-mail:

Any additional information/requests

WHEN COMPLETED PLEASE RETURN THIS FORM TO: **Apex Safaris LTD, 2nd Floor, 145-157 St Johns Street, London, EC1V 4PY, UK**