

# BOOKING FORM



Please supply the requested details, completing one form per family.  
 This is vital to ensure the smooth communication of information, should any deviation from your planned itinerary, such as flight delays, occur.  
 Please return to Travcare, as soon as possible, together with your payment.

## SECTION 1 – To be completed by the AGENT

Booking number:		<b>NOTE:</b> Documents will be released <b>24 hours after</b> Travcare have received full payment. No documents will be released without : <ul style="list-style-type: none"> <li>Full payment and Vat invoice</li> <li>This booking form duly completed, signed and returned to Travcare at the below address or fax</li> </ul>
Destination:		
Departure date: (dd/MM/yy)		
Travcare Consultant:		

## SECTION 2 – To be completed by the PASSENGER

Title	Surname	Names in full	Child ages	Nationality

Postal address :	
Telephone (w) :	
E-mail address :	
<b>Emergency contact details :</b>	
Full name :	
Relationship :	
Telephone numbers :	

**Payment Details :**

Cheque  Cash  Credit Card  C.V # \_\_ \_\_ \_\_ (last 3 digits on back of card)  Bank transfer (EFT)

*Please note: If you are paying by credit card you will need to complete an original Credit Card Charge Form which must be signed in the presence of your agent. Note to agent: **Please DO NOT obtain Authorisation Code!***

**Credit Card Payment Procedures:**  
 In accordance with IATA bulletin # A1/00 Travcare Tours now require the following documentation:  
 A signed and validated Standard Credit Card Charge Form is the only recognised form of payment for credit cards. The card needs to be sighted by the agent in order for the signature to be verified. The agent acknowledges that the card has been sighted and that the signature on the card is the same as that on the Credit card Charge Form.

**To be signed by the passenger :**  
 I am of age and authorised to effect reservations and the conditions applying thereto, on behalf of all those detailed above.  
 I/we agree to pay a non-refundable deposit (amount to be advised) within 72 hours of confirmation of my booking.

Name of signatory (block letters) :			
ID number :			
Signature : (If under 21, parent or guardian's		Date :	

**ALL RESERVATIONS ARE SUBJECT TO TRAVCARE' BOOKING CONDITIONS**

**Banking details**  
 TRAVCARE  
 Standard Bank of South Africa  
 RIVONIA  
**Branch Code - 001255**  
**Account Number - 022985123**