

BOOKING FORM

Please complete all pages of this booking form and return it, together with your deposit, to us at the address below. Please ensure that you have read our booking terms & conditions as we cannot be held responsible for any subsequent charges or mistakes that are related to any incorrectly provided information, pre-entered or otherwise, on this form. Please confirm that all information is correct when signing the booking form

NAME AND ADDRESS FOR CORRESPONDENCE:

NAME:

ADDRESS:

COUNTRY:

TEL: (DAY):

TEL: (MOB):

EMAIL:

HOLIDAY DETAILS:

QUOTE REFERENCE:

DEPARTURE DATE:

PAYMENT DETAILS:

All holiday payments must be made through the leader of your party. If your booking is made more than 3 months before departure then a deposit only will be required initially to secure your booking. Deposits can be made via bank transfer or credit card. Credit card payments may accrue extra charges. Your consultant will be able to inform you of the deposit required to secure your holiday.

If your booking is made within 3 months of departure the full balance is due immediately.

DEPOSIT:

Deposit for this holiday is:

I am making payment for this Bank transfer - bank details below
by:

By making payment and confirming my holiday reservation, I accept the terms and conditions of Robert Mark Safaris Limited.

FULL PAYMENT OF HOLIDAY:

If your holiday departure date is within 3 months of booking, full payment is due immediately in order for us to secure your holiday.

Full payment for this holiday is:

Balance of payment for your
holiday is due by

I will make payment for this by Bank transfer - bank details below

BANK TRANSFERS:

Please quote your quotation or invoice number and party leader name on all transfers. Transfer should be sent to:

Robert Mark Safaris Limited

Payments for travel to destination countries other than South Africa - All currencies:

Beneficiary Bank: HSBC Hong Kong
Bank Address: 1 Queen's Road Central, Hong Kong
SWIFT: HSBCHKHKKH
Beneficiary Account Name: Robert Mark Safaris Limited
Account Number: 112 477278 838

Payments for travel to South Africa - in South African Rands (ZAR)

Beneficiary Bank: Investec Bank
Bank Address: 100 Grayston Drive, Sandton, Johannesburg, South Africa
SWIFT: IVESZAJJXXX
Beneficiary Account Name: Robert Mark Safaris Limited
Beneficiary Account Number: 10011652216

CARD PAYMENTS:

Card type: Visa
 MasterCard

Card number:

Name on card:

Expiry date:

3 or 4 digit security code:

DECLARATION:

I have read, understood and agree to the Booking Terms & Conditions and the Data Privacy Policy of Robert Mark Safaris Limited. I am authorised to make this booking on behalf of all members of my party and all persons named in this booking form, and by their parent or guardian for all party members who are below the age of 18, in terms of those booking conditions and data privacy policy. I accept all responsibility for myself and all members of my party for complying with the necessary health, immigration, visa and passport requirements relevant to my party's booking. I confirm that to the best of my knowledge all information listed on this booking form is true and correct. I confirm that I am 18 years of age or over. I agree to make all payments due by the due date(s).

Signature:

Date:

GUEST DETAILS:

Please note that during the process of your booking a holiday with us, we will collect personal information from you and members of your party. We collect personal information in order to facilitate us going about our business, booking and managing your holiday for you, to supply our suppliers with the relevant information that they will need about you, and to keep a record of your travel with us. If you do not wish to provide us with your personal data, we may not be able to arrange your holiday for you. We may transfer your personal data to the suppliers of your holiday accommodation and transportation. We will not provide your information to third parties for direct marketing purposes.

You have the right to access to and correction of information held by us about you. In order to correct information, please contact our Reservations Manager at Suite 29, Smart Space 1, 402-403 Cyberport 1, 100 Cyberport Road, Pok Fu Lam, Hong Kong, during office hours.

Total number of guest in party:

Are there any special occasions, such as an Anniversary or Birthday that will be celebrated while you are travelling with us?

Please fill in the guest detail sheet for each person in your party. Should there be more than 6 guests in your group, please submit a second Booking form containing only the particulars of the additional guests.

Please write your title and full name, exactly as it appears in your passport:

GUEST 1 - PARTY LEADER

Title, and full name:

Address:

E-mail address:

Mobile phone number:

Age:

Frequent flyer airline:

Frequent flyer card number:

AIRLINE ADVANCE PASSENGER INFORMATION:

Passport number:

Country of issue:

Issue Date:

Expiry Date:

Date of birth:

Nationality:

TRAVEL INSURANCE:

It is a condition of your booking that all members of your party are covered by appropriate travel insurance, and also necessary in an emergency. Please provide details of your insurance:

Travel insurance company:

Emergency assist telephone:

Policy number:

Expiry date:

ADDITIONAL INFORMATION:

Additional information, e.g.
dietary requirements:

Sharing rooms with which other
guest in your party?

Sleeping arrangements

Any medical conditions we
need to be aware of?

Smoker?

Yes

No

GUEST 2

Title, and full name:

Address:

E-mail address:

Mobile phone number:

Age:

Frequent flier airline:

Frequent flier card number:

AIRLINE ADVANCE PASSENGER INFORMATION:

Passport number:

Country of issue:

Issue date:

Expiry date:

Date of birth:

Nationality:

TRAVEL INSURANCE:

It is a condition of your booking that all members of your party are covered by appropriate travel insurance, and also necessary in an emergency. Please provide details of your insurance:

Travel insurance company:

Emergency assist telephone:

Policy number:

Expiry date:

ADDITIONAL INFORMATION:

Additional information, e.g
dietary requests?

Sharing rooms with which other
guest in your party, if
applicable?

Sleeping arrangements

Any medical conditions we
need to be aware of?

Smoker?

Yes

No

GUEST 3

Title, and full name

Address

E-mail address:

Mobile phone number:

Age:

Frequent flier airline:

Frequent flier card number:

AIRLINE ADVANCE PASSENGER INFORMATION:

Passport number:

Country of issue:

Issue date:

Expiry date:

Date of birth:

Nationality:

TRAVEL INSURANCE:

It is a condition of your booking that all members of your party are covered by appropriate travel insurance, and also necessary in an emergency. Please provide details of your insurance:

Travel insurance company:

Emergency assist telephone:

Policy number:

Expiry date:

ADDITIONAL INFORMATION:

Additional information, e.g.
dietary requests?

Sharing rooms with which other
guest in your party, if
applicable?

Sleeping arrangements

Any medical conditions we
should be aware of?

Smoker?

Yes

No

GUEST 4

Title, and full name:

Address:

E-mail address:

Mobile phone number:

Age:

Frequent flier airline:

Frequent flier card number:

AIRLINE ADVANCE PASSENGER INFORMATION:

Passport number:

Country of issue:

Issue date:

Expiry date:

Date of birth:

Nationality:

TRAVEL INSURANCE:

It is a condition of your booking that all members of your party are covered by appropriate travel insurance, and also necessary in an emergency. Please provide details of your insurance:

Travel insurance company:

Emergency assist telephone:

Policy number:

Expiry date:

ADDITIONAL INFORMATION:

Additional information, e.g
dietary requirements?

Sharing rooms with which other
guest in your party, if
applicable?

Sleeping arrangements

Any medical condition we
should be aware of?

Smoker?

Yes

No

GUEST 5

Title, and full name:

Address:

E-mail address:

Mobile phone number:

Age:

Frequent flier airline:

Frequent flier card number:

AIRLINE ADVANCE PASSENGER INFORMATION:

Passport number:

Country of issue:

Issue date:

Expiry date:

Date of birth:

Nationality:

TRAVEL INSURANCE:

It is a condition of your booking that all members of your party are covered by appropriate travel insurance, and also necessary in an emergency. Please provide details of your insurance:

Travel insurance company:

Emergency assist telephone:

Policy number:

Expiry date:

ADDITIONAL INFORMATION:

Any additional information, e.g
dietary requirements?

Sharing rooms with which other
guest in your party, if
applicable?

Sleeping arrangements

Any medical conditions we
should be aware of?

Smoker?

Yes

No

GUEST 6

Title, and full name:

Address:

E-mail address:

Mobile phone number:

Age:

Frequent flier airline:

Frequent flier card number:

AIRLINE ADVANCE PASSENGER INFORMATION:

Passport number:

Country of issue:

Issue date:

Expiry date:

Nationality:

TRAVEL INSURANCE:

It is a condition of your booking that all members of your party are covered by appropriate travel insurance, and also necessary in an emergency. Please provide details of your insurance:

Travel insurance company:

Emergency assist telephone:

Policy number:

Expiry date:

ADDITIONAL INFORMATION:

Any additional information, e.g
dietary requirements?

Sharing rooms with which other
guest in your party, if
applicable?

Sleeping arrangements

Any medical conditions we
should know about?

Smoker?

Yes

No