



TOUR BOOKING FORM

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Kindly book me/us as per the details filled on this form. I/We am/are forwarding the sum of Rs. _____ per person as Reservation Fee Booking Amount Documentation Amount non-refundable interest free deposit (listed above) which shall be forfeited in the event of cancellation of the tour by me/us being unable to travel due to any reason whatsoever subject to the cancellation policy. In case you fail to pay the booking Amount and the Documentation Amount, the Reservation Amount shall be forfeited. If I/we am/are booking less than 45 days before the tour Departure, I/we are also enclosing the tour cost amounting to Rs. _____ EURO / GBP / USD _____ per tour participants in terms of contract.

Tour Name : _____ File Code : _____ Tour Code : _____ Departure Date: _____ Boarding From: _____

Balance amount to be paid by _____ Total Cost of Tour: _____ Scheme if any : _____

Sr. No.	Mr./ Mrs. Ms./ Mst. Infant	Full Name (As per your Passport) Note : The person signing the form must be mentioned first		Room Type Sgl/Twin/ Trpl	Age	Diet	Date of Birth	Passport No.	Place of Issue	Date of Issue	Date of Expiry
		Surname	First Name			J/V/ N.V	DD/MM/YY			DD/MM/YY	DD/MM/YY
1.											
2.											
3.											
4.											
5.											
Residence Address of the 1 st Applicant :				Office Address :			REMARKS				
Tel./Mob.:				Tel.:			Tel.:				

Email :

Emergency Contact No. :

Special Remark (office use)

Pre Tour / Post Tour / Deviation / Add on Tour

SALES OFFICER	GSA / PSA / TRAVEL AGENT DECLARATION	CLIENT DECLARATION
Date: _____ Branch Name : _____	I am fully aware of the Booking conditions and terms & conditions, a copy of which I have furnished to the client/s named above, who have read the same and have authorized and instructed me/us to accept the same for and on their behalf Franchisee/Agency name : _____ Registration: _____ Sign&Stamp: _____	On behalf of all the persons named above, I/we have read the Booking Condition and Terms & conditions, a copy of which has been furnished to me/us. I/We being duly authorized by the above said persons do hereby agree to and accept the same for self and others.
Name of Staff: _____		Name of Client: _____ (In BLOCK Letters) Signature: _____ Date: _____
Booking Date: _____ Signature: _____		

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