

BOOKING FORM

► Persoonlike Besonderhede

1. Full Name/s Surname (As per passport): _____

_____ 2. Preferred Name: _____

3. Titel: _____ 4. Date of Birth: ____/____/19____ 5. Identity Nr: _____

6. Physical Address: _____

7. Home Telephone Nr: _____ 8. Cell Nr: _____

9. E-mail address: _____

10. Passport Nr: _____ 11. Passport Expiry Date: ____/____/20____

[Please include a photocopy of the data page in your passport.]

12. Next of Kin [in case of an emergency]: ■ Name: _____

■ Relationship: _____ ■ Contact Nr: _____

13. Closest PostNet-Branch: _____

► Travel Details [Please mark the appropriate boxes with a cross.]

1. I would like to depart from ☐ Cape Town ☐ Johannesburg

[The additional cost for the return flight to and from Cape Town is R1 850 per person.]

2. Please arrange a return connecting flight to Johannesburg from

☐ George ☐ Durban ☐ Bloemfontein ☐ Port Elizabeth

3. I would like ☐ double room / cabin ☐ Single room/cabin

[available at an additional cost upon request]

4. I would like to share a room with: _____

5. if possible, please book my seat on the flight:

☐ Next to the window ☐ aisle ☐ it does not matter

6. Please book the following meals for me on the flights.

☐ standard ☐ gluten free ☐ vegetarian ☐ diabetics ☐ kiddies meal

7. For the ten-day boat trip, I prefer a ☐ "**Inside cabin**" at no additional cost

☐ "**Outside window cabin**" at an additional cost of R7 280 per person

☐ "**Outside balcony cabin**" at an additional cost of R25 390 per person

8. I would like to join the group travel insurance with *TIC Europ Assist* at R460 ☐ Ja ☐ Nee

9. I already have a valid Schengen visa for September 2026 ☐ Ja ☐ Nee

10. Any other special request? _____

► Payment

1. My deposit of **R7 300** will be paid by ____/____/2025.

2. I understand that the balance of the travel cost must be settled before 23 May 2026.

3. I will not hold the tour organizers responsible if the unlikely happens and I overcome something during the tour, and I attach the completed waiver form herewith.

Signature: _____ Date: ____/____/2025