



IMPORTANT CUSTOMER INFORMATION

We would like to highlight that there are certain inherent risks associated with a safari. We highly recommend that all guests have comprehensive travel and medical insurance. ***PLEASE TAKE A PICTURE OF YOUR PASSPORTS WITH YOUR PHONE CAMERA AND ATTACH WHEN RETURNING THIS FORM***

FULL NAME & LAST NAME (As Per Passport):	FULL NAME & LAST NAME (As Per Passport):
PASSPORT DETAILS	PASSPORT DETAILS
PASSPORT MUST BE VALID FOR A MINIMUM of 6 months from expiry date AFTER YOUR RETURN FROM AFRICA & have a minimum of 6 open pages for visa's and stamps not including the endorsement	PASSPORT MUST BE VALID FOR A MINIMUM of 6 months from expiry date AFTER YOUR RETURN FROM AFRICA & have a minimum of 6 open pages for visa's and stamps not including the endorsement
Passport Nationality:	Passport Nationality:
Passport Number:	Passport Number:
Date of Expiry: (Min 6 months from end date of travel)	Date of Expiry: (Min 6 months from end date of travel)
Home Address:	Home Address:
Cellphone number:	Cellphone number:
Email:	Email:
TRAVEL / MEDICAL INSURANCE DETAILS	TRAVEL / MEDICAL INSURANCE DETAILS
Name of Insurance Company:	Name of Insurance Company:
Policy Reference Number #:	Policy Reference Number #:
24Hr EMERGENCY CONTACT NAME & NUMBER	24Hr EMERGENCY CONTACT NAME & NUMBER
MEDICAL CONDITIONS	MEDICAL CONDITIONS
SPECIAL DIETARY REQUIREMENTS	SPECIAL DIETARY REQUIREMENTS
OTHER IMPORTANT ITEMST TO BE NOTED:	OTHER IMPORTANT ITEMST TO BE NOTED: