

ATT:



PLEASE COMPLETE THE FORM DIGITALLY, PRINT, SIGN AND FAX BACK TO US.

Thank you for booking your holiday arrangements with Seyunique. Please supply the following information by completing **ONE FORM PER COUPLE / SINGLE / FAMILY**. Please note **NO** reservations will be made on your behalf until this form is completed in **FULL** and returned to us by fax together with a copy of your passports.

SECTION ONE

Client		Seyunique Consultant	
Telephone (Bus)		Departure Date	
Telephone (Home)		Return Date	
Mobile		Alternative Dates (if available)	
Fax			
Postal Address		Postal Code	
Physical Address		Postal Code	
Package Requested or Quotation Number		Total Price Quoted	

SECTION TWO - THIS IS MOST IMPORTANT AS NO TICKETS WILL BE HANDED OVER UNTIL THIS FORM IS COMPLETED IN FULL

The SA Reserve Bank has issued a directive for all overseas travel and requires the following information to be submitted. Please complete the below information **IN FULL** thus enabling us to comply with their requirements. Please note **no bookings can be processed without all the required information**. Please ensure that names are correct (as they appear in the passports). Should the passengers surnames and/or first names be incorrect you will be liable for the cost of re-issuing the air tickets and a change of booking fee will apply.

Passenger Surname	First Names	Title	Gender	Age	South African ID No or Passport No	Email Address	Telephone No
1							
2							
3							
4							

Passenger Contact Details (24 hour contact no for airline/ flight res info)	Passenger Name		Telephone	
	Email		Mobile	
Special Requests eg. Medical, Special Meals	Passenger Name		Request	
	Passenger Name		Request	
	Passenger Name		Request	
Emergency Contact Details	Full Name		Telephone	
	Relationship		Mobile	

Payment Details (If you will be settling by Credit Card please send a copy of the front and back of your credit card at time of payment)

CHEQUE EFT- Electronic Fund Transfer CASH CREDIT CARD

SECTION THREE

- I am of age and authorized to effect reservations on behalf of the above detailed passengers and bind them, as I hereby do, to the Booking and Cancellation Conditions which I have read and agreed to.
- I will be liable to pay a non-refundable 10% deposit or as otherwise stated on the invoice per person within 72hrs of my booking being confirmed in writing more than 7 weeks prior to departure. Failure to pay this deposit will result in automatic cancellation of the reservation.
- Should this reservation be confirmed less than 7 weeks prior to confirmation I will be liable to pay for the full amount unless otherwise stated.
- I confirm that we have the necessary passports, visas and inoculations for this reservation.
- Seychelles is malaria free. ALL visitors are automatically granted an entry visa on arrival the dates of which are in alignment with ticket travel dates. Visitors must be in possession of a return ticket and proof of accommodation arrangements.
- Do you require travel insurance? **YES** **NO**

Name of Signatory		ID Number	
Signature		Date	