

Completion of this booking form is mandatory



TEL : +27 82 923 6822

E-MAIL : info@quovadistours.co.za

WEBSITE : www.quovadistours.co.za

BOOKING FORM

Please complete this booking form and re-send it to our offices.

SAFARI NAME		DATE	
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Please complete the following:

	Name & Surname	Tel no:	E-mail:	Amount: (as per quote)
1	ID no:			R
2	ID no:			R
3	ID no:			R
4	ID no:			R
5	ID no:			R
6	ID no:			R
				R

IMPORTANT:

The following documentation needs to be e-mailed to us:

- 1) Booking form
- 2) Proof of deposit / full payment. Refer to safari programme.
- 3) Food allergies form (see below) - only if applicable.
- 4) Deposit's are non-refundable in case of cancellation by client.

BANK DETAILS:

ABSA bank ; Account number: **405 1223 190**
Somerset West, Branch code: **334-712**
Swift code: **ABSA ZA JJ**

Complete only if and where applicable



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FOOD ALLERGY FORM

	Name & Surname	Allergy	Age
1.			
2.			
3.			
4.			
5.			

Please note:

- Menu's are planned according to our tour schedule and advance planning is essential. Unfortunately menu's cannot be changed on tour.
- This form is not for food dislikes, ONLY medical problems.
- Individual 'menu's, based on your medical problem/allergy, might lead to additional costs for your food purchases outside of the quoted programme price.

CONTACT NUMBER: Jacques 082 923 6822