



BOOKING FORM

TO BE COMPLETED BY THE AGENT/CLIENT

Booking Reference:

Departure date:

Destination:

Carters Travel Consultant:

TO BE COMPLETED BY THE PASSENGER

This booking form is the sole contract between Carters Travel and yourself and no express terms, undertakings, or warranties not contained herein will be valid.

Carters Travel undertakes to provide the services that are detailed under your booking number above and you hereby agree to our Standard Terms and Conditions available on request and on our website at (www.carterstravel.co.za). By signing this booking form you are deemed to have read, understood and accepted the Carters Travel Terms and Conditions and you agree to comply with them.

Your signature also means that you have the authority and contractual capacity to act on behalf of and bind the other people whose names appear on this booking form.

If you do not have this authority they need to complete their own booking form. We need to have the details of your next of kin or someone that you would like us to contact in case of emergency or major change in your travel itinerary. Please fill in below. We would like to draw your specific attention to the fact that you are responsible for your own passports, visa's vaccinations and inoculations.

Please return this form to your agent or to Carters Travel when requesting a booking. Documents will be processed after we have received full payment.

Passenger names as they appear in passport (ID document for local travel) We charge R150.00 per change if a name is incorrectly spelt below, necessitating a name change with the airline.

NB: Name changes can only be done **before tickets are issued and are subject to airline approval.**

Please note: Passport copies required immediately upon booking

Title	Surname	First name	Gender	Child age	Nationality	ID/Passport Number	Passport Country

Physical Address:

Suburb:

City:

Province:

Postal Code:

Passenger contact number & e-mail address:

Special Requests (not guaranteed – see Terms):

Emergency Contact Details - Name and relationship:

Tel No:

Mobile No:

Name of signatory :

I (print name) _____ have read, understood and accepted the Carter Travel Terms and Conditions and am duly authorized to sign on behalf of the people listed above.

Signature: _____ Date: _____
(If under 21, parent/guardian's signature required)

**Carters Travel – Banking Details – Please email deposit slip or EFT report to info@carterstravel.co.za
Banking Details: First National Bank, Branch code:254905, Account no:62760424706**