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| **TRAVEL THE UNKNOWN BOOKING FORM** (Return completed form to info@traveltheunknown.com or by post: Travel The Unknown, Riverbank House, 1 Putney Bridge Approach, London, SW6 3BQ, UK) | | | | | | | | | | |
|  |  | | | | | | | | | |
| **SURNAME** (BLOCK CAPITALS)  AS SHOWN IN PASSPORT | | **FORENAME** | **TITLE** | **SEX**  **(M/F)** | **DATE OF BIRTH**  **(DD-MM-YY)** | **NATIONALITY** | **PASSPORT NUMBER** | **DATE/PLACE OF ISSUE** | **DATE OF EXPIRY** | **EMAIL ADDRESS (REQUIRED)** |
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| **CONTACT DETAILS**  Details of person signing this form (to whom all correspondence will be addressed) | | | | | | | | |  | **TRAVEL INSURANCE**  It is essential that you have adequate travel insurance for yourself and those travelling with you. Each policy must include full cover for medical costs and repatriation in the event of emergency whilst abroad and for the cancellation of curtailment of your holiday. In the event of cancellation the charges detailed in our booking conditions will apply. If you are not taking Travel The Unknown Ltd. recommended insurance, to help us in the event of emergency, please enter below the name of your insurer and their emergency service details. |  | **PAYMENTS** Cheques should be made payable to Travel The Unknown. Full payment must be sent with this booking form if your booking is made within 10 weeks of departure. | | | |
| NAME | | | | | | | | |  |  |
| ADDRESS | | | | | | | | |  |  |  | **PAYMENT DATE** | **PER PERSON** | **TOTAL** |
|  |  | **TOTAL** |  |  |  |
| MOBILE (phone number you will travel with) | | | | | | | | |  |  | DEPOSIT |  |  |  |
|  |  | BALANCE |  |  |  |
| TEL (home) | | | | | | | | |  | INSURERS NAME |  |  |  |  |  |
| DATE YOU WILL DEPART YOUR HOME COUNTRY | | | | | | | | |  | POLICY NUMBER |  |  | | | |
| **BANK TRANSFERS**  Bank: Santander  Account name: Travel The Unknown  Sort Code: 09-01-27  Account number: 39022114  Swift: ABBYGB2L  IBAN: GB84ABBY09012739022114  Address: 301 St Vincent, Glasgow, G2 5NT, UK | | | |
| EMAIL | | | | | | | | |  | EMERGENCY SERVICE TEL NO. |  |
|  | | | | | | | | |  |  |  |
| **TRIP DETAILS** | | | | | | | | |  | **EMERGENCY CONTACT** |
| **DESTINATION(S)**: | | | | | | | | |  | NAME |  |
| **TRIP NAME**: | | | | | | | | |  | RELATIONSHIP |  |
| **DEPARTURE DATE** | | | | | **END DATE** | | | |  | CONTACT TEL NO. |  | (**NOTE**: Customers are responsible for any bank charges incurred. In most cases, UK bank transfers are free of cost.) | | | |
| EMAIL |
| **TYPE & NO. OF ROOMS REQUIRED (ENTER NUMBER BELOW)**: | | | | | | | | |  |  |  | I have read and understood the Travel The Unknown Ltd. Booking Conditions. I am a member of the party travelling above, confirm that I accept the prices quoted and that I am included in this booking whether named or not. I further understand that I have sole responsibility for ensuring that our passports are valid for at least 6 months beyond the date of our return and for obtaining all necessary visas unless specifically agreed otherwise.  SIGNATURE  NAME DATE | | | |
| **DO YOU WANT US TO BOOK YOUR**  **INTERNATIONAL FLIGHT? YES I NO**  **IF YES, PREFERRED AIRPORT OF DEPARTURE:**  **FLIGHT DETAILS (IF BOOKING OWN FLIGHT)**  AIRLINE, DATE, TIME, FLIGHT NO. & ARRIVAL/DEPARTURE AIRPORTS |
| SINGLES\* |  | TWINS |  | DOUBLES | |  | TRIPLES |  |
| \* Single supplement may apply – check tour details or contact us. | | | | | | | | |
|  | | | | | | | | |
| **SPECIAL REQUESTS** (Business/First Class air travel, special occasion, disability needs, dietary requirements or other special requests)  **HOW DID YOU HEAR ABOUT TRAVEL THE UNKNOWN?** | | | | | | | | |