**GUEST INFORMATION FORM**

Thank you for making a booking with us – we look forward to showing your clients the best of Africa. In order to confirm all arrangements, we require you to kindly assist us in providing the information stated on this form. The guest information form can either be filled in by the guest/s or by their travel agent on their behalf. **TRAVELLER NAMES (as per passport):**

**Please note height and Weight are important for Helicopter and or fixed wings small aircraft.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Last Name** | **First Name** | **Title** | **Height** | **Weight** | **Date of Birth** | **PASSPORT No.** **&** **NATIONALITY**  |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Email**  | **Address** | **Contact number while travelling**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Please ensure names and other details are exactly as recorded in guests’ passports.

**PASSPORT DETAILS – IMPORTANT:**

**IN ORDER TO CONFIRM ALL BOOKING ARRANGEMENTS, WE REQUIRE COLOUR COPIES OF ALL TRAVELLER’S PASSPORTS. KINDLY EMAIL THIS TO US ALONG WITH THE COMPLETED GUEST INFORMATION FORM.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Arrival date** | **Flight number** | **Airline** | **From** | **To** | **Arrival time** |
|  |  |  |  |  |  |
| **Departure date** | **Flight number** | **Airline** | **From** | **To** | **Departure time** |
|  |  |  |  |  |  |

**INTERNATIONAL FLIGHT DETAILS:**

**ADDITIONAL INFORMATION:**

**1. Any dietary requirements or allergies\*?**

**-------------------------------------------------------------------------------------------------------**

**2. Any pre-existing medical & Physical conditions that we need to be aware of?**

**-------------------------------------------------------------------------------------------------------**

**3.If yes to question 2, presently taking any prescribed medication?**

**--------------------------------------------------------------------------------------------------------**

**4. Any mobility difficulties that we should be aware of?**

**----------------------------------------------------------------------------------------------------------**

**5. Please provide their travel insurance provider, policy number and emergency contact number:**

**----------------------------------------------------------------------------------------------------------**

**6. Do you have any special interests?**

**-------------------------------------------------------------------------------------------------------**

**7. Are we celebrating a special occasion during their trip? e.g. birthday, anniversary etc.**

**-------------------------------------------------------------------------------------------------------**

**8. What are your drink preferences?**

**----------------------------------------------------------------------------------------------------------**

**9. Travelled to Africa before? If so, where and when?**

**----------------------------------------------------------------------------------------------------------**

**10. Do they have any additional comments or special requests?**

**----------------------------------------------------------------------------------------------------------**

**----------------------------------------------------------------------------------------------------------**

**----------------------------------------------------------------------------------------------------------**

**11. Vaccination Status – Covid and Yellow Fever**

**( yellow fever only required if coming from a Yellow fever region )**

**----------------------------------------------------------------------------------------------------------**

\*We will do our best to accommodate these

**12. anything else you would like us to know?**

**----------------------------------------------------------------------------------------------------------**

**13. Any Conservation or Community initiatives you are passionate about?**

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**In the event of an emergency please list below the contact details of the guests next of kin:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Telephone Number (include international dialling code)** | **Mobile Number (include international dialling code)** |
|  |  |  |  |

**Room configuration details:**

|  |  |
| --- | --- |
| **Room 1:** | **Bed configuration (single / twin / double) Room sharing - with who?** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

Privacy policy:

Any personal information that we collect about you may be used for any purpose associated with the operation of a Trip or to send you marketing material in relation to our events and special offers. The information may be disclosed to our agents, service providers or other suppliers to enable us to operate the Trip.

SIGNATURE : DATE: (MM/DD/YY)

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