

Tel +27.21.424.5177
Fax +27.21.424.5178
info@perfectafrica.com
www.perfectafrica.com

Suite 304 & 305, Buitenkloof Studios
8 Kloof Street, Cape Town
South Africa

**Please complete the booking form and send it back to your consultant once completed:**

**Names and Passport Numbers:**

|  |  |  |
| --- | --- | --- |
| Names as per passport | Passport numbers  | Age of children (0 – 18yrs) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Physical Address: Nationality of each passenger:**

|  |
| --- |
|  |
|  |
|  |
|  |

|  |
| --- |
|  |
|  |
|  |
|  |

**Inbound and outbound flight details or accommodation prior to the start of your itinerary:**

|  |  |
| --- | --- |
| Date | Details |
|  |  |
|  |  |

**Dietary requirements / Medical Conditions: Travel Insurance Details:**

|  |
| --- |
|  |
|  |
|  |

|  |
| --- |
|  |
|  |
|  |

**Telephone number while travelling Telephone number of a relative / friend (in case of an emergency)**

|  |
| --- |
|  |

|  |
| --- |
|  |

**Special requests:**

|  |
| --- |
|  |