## **BOOKING FORM**

Please fill in the form in <b>BLOCK CAPITALS</b> . Before signing please ensure you have read and understood all Booking Conditions.								
Tour	Name	(if applicable):						
Date of Departure:			Tour Leader:					
Pass	enger Na	mes: Please complete all	sections. Names as on t	the passport.				
	e (e.g. Virs, Ms)	Full First Name	Surname	Date of Birth	Passport No.	Date of Issue Date of Expiry	Nationality	
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2								
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4 Plo	200 1100 2	separate sheet of pape	or for additional nass	angere				
FIC	ase use c	separate sheet of paper	er for additional passe	engers.				
Namo	e & Addı	ess for Correspondence	e					
	Name:			Surname:	:			
Addr	ess:							
Геleр	hone:			E-mail:				
		K telephone no. and co	ontact name whilst on	holiday:				
Roor	n Requir	ements Dou	ıble	Twin	Single			
/leal	Plan	Dail	y Breakfast	Half Board	Full Board			
Please he na	contact us f	o have adequate travel insurance or a quotation. If you already have insurer. If not please refer to cla pasts:	ve travel insurance, please pro	vide enable you	uto travel on your holida	that you have all the necess y. formation or assistance to ob		
Send £500 Spec	us your c ).00 per p	ails – please complete a completed booking form v cerson for all Group/Spec s). For bookings made le g.	with a non-refundable decialist Tours) to Soul of I	ndia Ltd. Balance is d	ue eight weeks prior	to departure (ten wee	ksfor Group/	
How to pay:   . Electronic payment to our bank - Account: Indus Tours & Travel Ltd   Account No: 31352156 – Sort Code: 402313 Bank: HSBC   Cheque Payment					. I confirm that I am authorised to make this booking on behalf of the persons named above and am responsible for payment for the above booking. I am over 18. I have read and accepted all the booking conditions and tour price. I confirm that I accept on behalf of all the members of the party responsibility to ensure they comply with the entry visa, medical and insurance/holiday related arrangements.			
				Signed	l:			
	JOURNEYS OF DISCOVERY				How did you hear about us?			
		ABTA NO	BTA travel aware govuk/travelaware					
	ret	ve this form to your um by email or post quiries@soulofindia.c	to:					
	23	ul of India Ltd, Unit 4 Ar LadysmithRoad, Harrow 3 5FE, UK						