

BOOKING FORM

11
Cut along dotted line

Please fill in the form in BLOCK CAPITALS. Before signing please ensure you have read and understood all Booking Conditions.

Please complete and save this booking form to your computer and e-mail it to us at: enquiries@soulofindia.com

Tour Name (if applicable): _____

Date of Departure: _____

Tour Leader: _____

Passenger Names: Please complete all sections. Names as on the passport.

Title (e.g. Mr, Mrs, Ms)	Full First Name	Surname	Date of Birth	Passport No.	Date of Issue Date of Expiry	Nationality
1						
2						
3						
4						

Please use a separate sheet of paper for additional passengers.

Name & Address for Correspondence

First Name: _____

Surname: _____

Address: _____

Telephone: _____

E-mail: _____

Emergency UK telephone no. and contact name whilst on holiday: _____

Room Requirements

Double

Twin

Single

Meal Plan

Daily Breakfast

Half Board

Full Board

As per itinerary

Travel Insurance required: Yes/No*

* It is mandatory to have adequate travel insurance in place before your departure. Please contact us for a quotation. If you already have travel insurance, please give us the name of your insurer. If not please refer to clause 8 of our booking conditions.

Visa service required: Yes/No*

* It is your responsibility to ensure that you have all the necessary valid documentation to enable you to travel on your holiday. Please contact us if you need any information or assistance to obtain your visas.

Special Requests: _____

Payment Details – please fill in as applicable

Please send us your completed booking form with a non-refundable deposit of USD500.00 per person. Balance is due ten weeks prior to departure. For bookings made less than ten weeks before departure, full payment is due at the time of booking.

How to pay (USD Account):

Electronic payment to our bank -

Account Name: Indus Tours & Travel Ltd

Account Number: 76283726

IBAN: GB11HBUK401276762837 26

Bank Address : HSBC Bank Plc, 8 Canada Square, London, E14 5HQ

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 (print name): _____

Date: _____

How did you hear about us? _____



Please complete and return to:
enquiries@soulofindia.com
Soul of India Ltd, Unit 4 Artisan Place, 23
Ladysmith Road, Harrow HA3 5FE, UK