BOOKING **FORM**

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	(ifapplicable):							
Date of De	parture:		Tour Le	eader:				
Passenger Na	mes: Please complete al	l sections. Names as	on the passpo	ort.				
Title (e.g. Mr, Mrs, Ms)	Full First Name	Surname	Date o	of Birth	Passport No.	Date of Issue Date of Expiry	Nationality	
1								
2								
3								
4								
Please use	l separate sheet of pape	l er for additional pa	ssengers.					
Name & Add	ress for Correspondence	ce						
First Name:				Surname:				
Address:								
Telephone:				E-mail:				
Emergency (JK telephone no. and co	ontact name whilst	on holiday:					
Room Requirements Double Twin					☐ Single			
Meal Plan	Meal Plan ☐ Daily Breakfast ☐ Half Board				☐ Full Board			
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 Requ	iests:							
Please send us per person for	ils – please fill in as applic your completed booking f all Group/Specialist Tours) e less than eight weeks (ter	orm with a non-refund to Soul of India Ltd. B	alance is due ei	ght weeks p	orior to departure (ter	weeks for Group/Speci	ialist Tours). For	
How to pay:								
Account Name: Indus Tours & Travel Ltd Account Number: 31352156 Sort Code: 40-23-13 BIC Code: HBUKGB4133E BAN: GB17HBUK40231331352156 SWIFT CODE: MIDLGB2133E				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.				
	, 26-28 St Ann's Road, Harr	ow, HA1 1AL, United k	Kingdom	6: 1/				
				Signed (p	orint name):	-		
				Date:				
SOUL OF INDIA JOURNEYS OF DISCOVERY					How did you hear about us?			
		avel		Diama	complete and return	4		

Please complete and return to:

Soul of India Ltd, Unit 4 Artisan Place, 23 Ladysmith Road, Harrow HA3 5FE, UK