

Impala Adventures Ltd



BOOKING FORM

Main Driver

Name

Address

.....

.....

Telephone No Fax

Mobile E-mail

I would like to confirm that I am interested in joining Impala Adventures Ltd on your

..... safari departing on

I have enclosed:

- 15% non-refundable deposit (£.....)
- Completed personal details forms
- Photocopies of Passport for each client 2 Passport photographs for each client
- Vehicle Registration Document MOT Certificate Driving Licence
- Car Insurance Policy

Signed Date

Ref: 2001/2



Impala Adventures Ltd
PO Box 7299, Lutterworth, LE17 4YL
Tel/Fax: 01455 203167 Mobile: 07950 856241
E-mail: info@impalaadventures.com

Co-Driver or Passenger 1

Name

Address.....
.....

Telephone No. Fax. No.

Mobile No. E-mail:

Profession

Date of Birth Place of Birth

Marital Status Passport No

Date of Issue Expiry Date

Fathers Name Mothers Maiden Name

Co-Driver or Passenger 2

Name

Address.....
.....

Telephone No. Fax. No.

Mobile No. E-mail:

Profession

Date of Birth Place of Birth

Marital Status Passport No

Date of Issue Expiry Date

Fathers Name Mothers Maiden Name

Co-Driver or Passenger 3

Name

Address.....

.....

Telephone No. Fax. No.

Mobile No. E-mail:

Profession

Date of Birth Place of Birth

Marital Status Passport No

Date of Issue Expiry Date

Fathers Name Mothers Maiden Name

FURTHER INFORMATION TO BE SENT TO US

1. You must send 2 passport photos.
2. Photocopy of your Driving Licence (if applicable)
3. Photocopy of your passport. In the event of your passport being sent to an embassy in or to obtain a visa you must note:
 - ~~/~~ If traveling abroad during this time you will have to get a second passport.
 - ~~/~~ Your passport must have 2 blank pages.
 - ~~/~~ Your passport must be valid for at least 6 months after departure date.

VEHICLE DETAILS

Make Model

Year of Manufacture Registration No.

Years of Ownership Chassis No.

Cylinder Capacity..... Colour No. of Seats

Tyre Type Age of Tyre

Recovery Equipment

.....
.....
.....
.....

GPS

Make Model

Experience of use

.....

N.B. Before buying a new GPS please contact us. We can give you up to date advise on current GPS systems and give a direct contact with a company who will sell you a system at very competitive rates.

HEALTH INFORMATION

Name Registration No.....

Address
.....
.....

Doctors Name

Address
.....
.....

Tel. No..... Blood Group

Medical History
.....
.....

Please list any drugs that you take and why
.....
.....

Health Insurance

Please send us a photocopy of your policy

Company

Policy No

Tel No Fax No

HEALTH INFORMATION

Name Registration No.....

Address

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Doctors Name

Address

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Tel. No..... Blood Group

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