

Shop 11, Linkhills Shopping Centre, Inanda Rd, Waterfall, 3652  
 PO Box 943 Linkhills 3652 KZN South Africa  
 Tel: +27 (0) 31 762 2050 Fax: +27 (0)31 762 1883  
 www.kdrtravel.co.za  
 Reg No: 2001/014498/07 Vat Reg No: 4590199487  
 SATSA (South African Tourism Services Assoc.) membership no: 1182

**BOOKING FORM – 2 Pages - Please complete both pages in full and fax back to us.**

KDR TRAVEL CONSULTANT: \_\_\_\_\_ KDR TRAVEL QUOTE REF NUMBER: \_\_\_\_\_

Destination/Hotel name	
Check In date	
Check Out date	

Please ensure all details are completed **as per passenger passport**. Corrections to Incorrect names on airline tickets will attract a hefty correction fee.

**ALL GUESTS NAMES AND DETAILS MUST BE FILLED IN. IF THERE IS NOT SUFFICIENT SPACE FOR ALL GUESTS, PLEASE USE A SEPARATE PAGE**

	Guest 1	Guest 2	Guest 3	Guest 4
TITLE				
SURNAME				
FIRST NAME				
NATIONALITY				
ID/PASSPORT NUMBER				
EXPIRY DATE Applicable to passports				
DATE OF ISSUE Applicable to passports				
DATE OF BIRTH				
RESIDENTIAL ADDRESS				
CONTACT NUMBER (land and mobile)				
EMAIL ADDRESS				
NO OF ROOMS REQUIRED				
ROOM TYPE REQUIRED				
EMERGENCY CONTACT DETAILS.				

ADDITIONAL REQUESTS: (Use this space for special requests; ie: dietary requirements, notifications of physical disabilities, pregnancy, wedding anniversary etc):

\_\_\_\_\_

ADDITIONAL SERVICES REQUIRED: (Use this space for additional services ie; Transfers/Car hire that may be required please specify flight details if not already included in KDR Travel package)

\_\_\_\_\_

DATE..... SIGNATURE.....

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**Please provide credit card information below. These details are only required as surety of payment, in the event of cancellation fees levied by the hotel, if the booking is cancelled by the client.**

**A SEPARATE CREDIT CARD FORM WILL BE SENT TO YOU TOGETHER WITH THE INVOICE, IF YOU CHOOSE TO SETTLE THE BOOKING BY WAY OF CREDIT CARD.**

Name of Card Holder:.....

Issuing bank:.....

Card No:.....

Expiry Date:.....

CVV No (3 digits on back of card/Amex card 4 digits on front):.....

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**PLEASE INDICATE BELOW WHICH METHOD OF PAYMENT YOU WOULD PREFER TO SETTLE THE BOOKING:**

Payment Options: (please indicate with an X)

**Direct Transfer:**

**Electronic Transfer:**

**Credit Card**


**Terms of booking:**

For bookings made 30 days or longer before date of check in, a minimum deposit of 50% of the invoice amount is required within 7 days of invoice. The balance is due 30 days prior to arrival.

For bookings made within 30 days of check in, the full amount of the invoice is due immediately.

**Cancellation Policy:**

In the event of a cancellation more than 60 days prior to arrival, the deposit, less any cancellation penalties levied by the supplier, and less R500.00 administration costs will be refunded.

In the event of a cancellation within 30 days of arrival, the full deposit plus any bank charges and cancellation penalties levied by suppliers will be charged.

***ALL RESERVATIONS ARE SUBJECT TO TERMS OF BOOKINGS AND NO EXCEPTIONS CAN BE MADE.***

INSURANCE: WE STRONGLY RECOMMEND THAT YOU TAKE OUT ADEQUATE PERSONAL INSURANCE AT THE TIME OF MAKING YOUR RESERVATION, COVERING THE ENTIRE PERIOD OF THE HOLIDAY. PLEASE ASK YOUR BOOKING AGENT FOR MORE DETAILS.

STATEMENT: "I am aware that the obtaining of all necessary Visa/Passport/Health inoculations is my responsibility. On behalf of all persons named above I confirm that I have read, understood and agree to the tour booking conditions and conditions of contract as contained on this booking form, and confirm that I am authorised to sign on behalf of all such persons."

DATE.....

SIGNATURE.....



Directors: D V Creighton, K J Creighton, R L Mullin