



African and Oriental Ltd

BOOKING FORM

Name of lead traveller	
Passport number/Nationality	
Email	
Physical Address (Where you reside)	
Post code	Country
Daytime and evening phone number	
Name of Travel insurance company	
Travel insurance Policy number	

Expedition Details

Expedition Date and Name	
Your Flight Arrival Details	Flight Dep Details
Special requests/ disabilities/medical conditions/ any other pertinent information.	
Dietary requirements /food allergies	

All bookings are made as per the terms conditions supplied with this booking form. If you did not receive these please ask for a copy immediately.