



# 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.