

Kaie Tours (Pty) Ltd
P.O. Box 26053
Game City, Gaborone, Botswana
Phone: + 267-3973388
Email: safaris@kaietours.com
Registration No: CO.99/1887

Personal Details / Reservation Form

(For office use)

Booking No: Date of Booking:

Date of tour from/to:

Deposit (50%) Paid: Date Deposit paid:

A copy of this form is to be completed by each individual guest and returned together with your deposit.

Title: First Name: Surname:

I/D or Passport Number: Date of Birth:

Postal Address:

..... Post Code:

Phone(s): Work Phone: (.....) Home: (.....)

Fax: (.....) Cell: (.....)

Emergency Contact Person: Name:

Phone: (.....) Cell: (.....)

Medical Problems (e.g. Allergies, diabetes, epilepsy, asthma, angina, etc).....

.....
Name of Medical Aid / Insurance:

Membership No:

If you are a Member of Medrescue (MRI) please give Membership No:

I have read and agree with the booking conditions.

Additional comments or information:

Your completed forms should be:

either sent as e-mail attachment to safaris@kaietours.com

Or posted to **Kaie Tours, P.O. Box 26053, Game City, Gaborone, Botswana**

Please note that **no refund can be made in the event of cancellation less than seven (7) clear calendar days before the booked date of arrival.**

Date: