



## Booking Form

### Passenger Details – Please complete exactly as per the passport

| Title | First Name | Last Name | Nationality | Passport Number | Date of Issue | Date of Expiry | Country of Issue |
|-------|------------|-----------|-------------|-----------------|---------------|----------------|------------------|
|       |            |           |             |                 | dd/mm/yyyy    | dd/mm/yyyy     |                  |
|       |            |           |             |                 | dd/mm/yyyy    | dd/mm/yyyy     |                  |
|       |            |           |             |                 | dd/mm/yyyy    | dd/mm/yyyy     |                  |
|       |            |           |             |                 | dd/mm/yyyy    | dd/mm/yyyy     |                  |

### Address of Lead Passenger

|              |  |  |  |  |                                  |  |  |
|--------------|--|--|--|--|----------------------------------|--|--|
|              |  |  |  |  | <b>Emergency Contact Details</b> |  |  |
|              |  |  |  |  | Daytime Tel:                     |  |  |
| Town / City: |  |  |  |  | Mobile:                          |  |  |
| Post Code:   |  |  |  |  | Email:                           |  |  |
|              |  |  |  |  | Name:                            |  |  |
|              |  |  |  |  | Tel:                             |  |  |
|              |  |  |  |  | Relationship:                    |  |  |

### Holiday Details

|                 |   |              |
|-----------------|---|--------------|
| Destination(s): |   | Travel Date: |
| Tour Price: £   | Special Requests (e.g. dietary, allergies): |              |
|                 |   |              |

### Payment Details (cheques payable to Silk Road Tours Trust Account)

**If you wish to pay by Credit / Debit card please call +44 (0) 208 728 2478 (Please note a surcharge of 2% will be applied to Credit Card Payments)**

I wish to pay (tick box)  Visa  Mastercard  Switch  Solo  Delta

### Travel Insurance

It is an essential condition of travelling with Silk Road Tours that you have adequate travel insurance. Please could you provide details of your insurers below

|                           |
|---------------------------|
| Insurance Company:        |
| Policy Number:            |
| Emergency Contact Number: |

I have read the Booking Terms and Conditions and accept them on behalf of my party by whom I am duly authorised to make this agreement. I also agree to pay any balance due no later than 8 weeks before departure

SIGNATURE

DATE