

Booking form

Please return completed form to:

Kerala Accompanied
14 Swan Close, Martlesham Heath, Ipswich, Suffolk IP5 3SD
Tel: & Fax: +44 (0)1473 620266 Mobile: 0778 901 8871
keralaaccompanied@btinternet.com

Lead Booking name

Departure date

Departure airport

Surname (as shown on passport)	First name	Title (Mr/Mrs)	Age	Insurance required? (Yes or No)

Special Requests (not guaranteed)

Kerala Accompanied Reference

Agent reference

Number of nights

Hotel/Tour

Meal Plan
(Breakfast only unless stated)

Mail address or travel agent or travel agent stamp						
ABDA						YOUR REF:

EMERGENCY CONTACT FOR NEXT OF KIN: NAME : _____ DAYTIME TELEPHONE: _____ EVENING TELEPHONE: _____
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Passport details must be send with the booking form.

Information required:
full name, dop, passport number, date, place, entry date, and nationality.

Travel Insurance

Insurance: We strongly recommend that
 You purchase **Kerala Accompanied's**
 Insurance with full cancellation cover.
 The appropriate premium should be
 Enclosed with your deposit payment.

Insurance company:
 Policy number:
 Contract name:
 Telephone number:

Remittance: place reserve the holiday above for all passenger listed , on behalf of
 whom , I enclose payment for the following deposit /full price.

Total cost per person = _____

Full price of holidays for all passenger in the party = _____

Deposit: \$175 / \$_____ x _____ passenger(s) = _____

Outside amount after deposit = _____

(full amount must be paid 10 weeks before departure)

Insurance: \$_____ per person x _____ passenger(s) = _____

If agreed deposit is more than \$175. Please add amount here

Total amount enclosed = _____

Credit card /debit card :

Please charge the following amount to account:

Card 1: I wish to pay by MasterCard / Visa / Switch / Delata.

Card No: _____

Valid from: _____ Expire date: _____ Issue no: _____

Amount: _____ Date: _____

Card 2: I wish to pay by MasterCard / Visa / Switch / Delata.

Card No: _____

Valid from: _____ Expire date: _____ Issue no: _____

Amount: _____ Date: _____

Card holders full name

Card holders signature:

Card holders address:

Please note that there is a 1.5% credit card charge on all payment.

Acceptance:

I have received and accepted the terms and conditions as shown on pages 61-63 of this **Kerala Accompanied** brochure and accepted them on behalf of all those listed.

All passengers are required to obtain their own visas and must be in possession of a valid passport.

Signature of person traveling must be over 18 years

Date: _____