

W		MAIL THIS FORM TO RESERVATIONS@ROVOS.CO.ZA (: or travel agent you are dealing with?	OR FAX TO +27 (0)12 315 8320
	OUTE FROM:	то:	DATE:
PLEASE COMPLETE		PASSENGER DETAILS 1	PASSENGER DETAILS 2
	Title		
	First Name		
Z C	Surname		
ΤΔΜ	Country/Nationality		
FOR	Language		
I Z	Date of Birth		
PASSPORT INFORMATION	Passport Number		
2240	Issue Date		
	Expiry Date		
	Are your visas in order?		
Ţ	Mobile		
TONTACT	Email		
S			
	Travelled with us before?		
z	How many trips taken?		
ΔTIC	Smoker?		
VEORWA	How many trips taken? Smoker? Medical Conditions Physical Disabilities Food Allergies		
INNOS	Physical Disabilities		
PFP			
	Celebrating a Special Event?		
INSLIBANCE	Travel Insurance Company		
VI IBV	Insurance Company Contact		
DRF.TRAIN	Hotel Name/Flight No./Other?		
F-T	Transfer Company/Other		
	Hotel Name/Flight No./Other?		
POCT-TRAIN	Transfer Company/Other		
Δ	Transfer Contact Details		
P	LEASE SELECT SUITE AND BE	'D TYPF Measurements in CM	SUBJECT TO AVAILABILITY
	OYAL	DELUXE	PULLMAN Nighttime Setting
	DOUBLE SPLIT TWIN	DBL LENGTHWAYS DBL CROSSWISE SPLIT TWIN	DOUBLE TWIN SINGLE BUNKS
2	P A S S S A 200 S A	P A S S S A 160 A A B A A A A A A A A A A A A A A A A	75 P A S OF S
	189 G G E 75 75	189 G 189 G 75 75 G E	189 LE 189 LE LOWER BUNK Mattresses side by side 189

PERSON TO BE CONTACTED IN CASE OF EMERGENCY 1		PERSON TO BE C	PERSON TO BE CONTACTED IN CASE OF EMERGENCY 2	
Name:	Mobile: +	Name:	Mobile: +	
Email:		Email:		

TOUR CONTRACT BETWEEN (NAME IN FULL)	SIGNATURE:
AND ROVOS RAIL TOURS (PTY) LTD	

The above is subject to all Terms & Conditions and will be strictly adhered to. Persons signing on behalf of others warrant that they have full authority to do so and, on their behalf, accept and agree to all Terms & Conditions. The onus is upon the client to ensure that passports and visas are valid prior to departure for Africa.

CANCELLATION INSURANCE IS COMPULSORY AND WILL NOT BE WAIVED.