



CAPE TO CAIRO safari.com

IMPORTANT CUSTOMER INFORMATION

We would like to highlight that there are certain inherent risks associated with a safari. We highly recommend that all guests have comprehensive travel and medical insurance.

PLEASE TAKE A PICTURE OF YOUR PASSPORTS WITH YOUR PHONE CAMERA AND ATTACH WHEN RETURNING THIS FORM

FULL NAME & SURNAME (As Per Passport):	FULL NAME & SURNAME (As Per Passport):
PASSPORT DETAILS	PASSPORT DETAILS
Passport Number:	Passport Number:
(Min 6 monthsfrom expiry and have a minimum of 6 open pagespage) for visa's and stamps not including the endorsement	(Min 6 monthsfrom expiry and have a minimum of 6 open pagespage) for visa's and stamps not including the endorsement
Nationality:	Nationality:
Date of Issue:	Date of Issue:
Date of Expiry:	Date of Expiry:
(Min 6 monthsfrom end date of travel)	(Min 6 monthsfrom end date of travel)
Date of Birth:	Date of Birth:
TRAVEL / MEDICAL INSURANCE DETAILS	TRAVEL / MEDICAL INSURANCE DETAILS
Name of Insurance Company:	Name of Insurance Company:
24Hr Emergency Contact including Country Code:	24Hr Emergency Contact including Country Code:
Policy Reference Number #:	Policy Reference Number #:
EMERGENCY CONTACT DETAILS	EMERGENCY CONTACT DETAILS
Name and Relationship (Parent/Relative):	Name and Relationship (Parent/Relative):
Contact Number including Country Code:	Contact Number including Country Code:
OTHER IMPORTANT DETAILS	OTHER IMPORTANT DETAILS
Medical Conditions:	Medical Conditions:
(Chronic medication must be carried in hand luggage)	(Chronic medication must be carried in hand luggage)
Special dietary requirements or allergies:	Special dietary requirements or allergies: