



SAFARI GUEST 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

PASSPORT DETAILS PASSPORT MUST BE VALID FOR A MINIMUM of 6 months from expiry date AFTER YOUR RETURN FROM AFRICA & have a minimum of 6 open pages for visa's and stamps not including the endorsement	PASSPORT DETAILS PASSPORT MUST BE VALID FOR A MINIMUM of 6 months from expiry date AFTER YOUR RETURN FROM AFRICA & have a minimum of 6 open pages for visa's and stamps not including the endorsement
FULL NAME & LAST NAME (As Per Passport):	FULL NAME & LAST NAME (As Per Passport):
Passport Nationality:	Passport Nationality:
Passport Number:	Passport Number:
Date of Expiry: (Min 6 months from end date of travel)	Date of Expiry: (Min 6 months from end date of travel)
Home Address:	Home Address:
Date of Birth	Date of Birth
Cellphone number:	Cellphone number:
Email:	Email:
TRAVEL / MEDICAL INSURANCE DETAILS	TRAVEL / MEDICAL INSURANCE DETAILS
Name of Insurance Company & Policy Reference Number #:	Name of Insurance Company & Policy Reference Number #:
Weight in lbs (This is to ensure safety on light aircrafts)	Weight in lbs (This is to ensure safety on light aircrafts)
24Hr EMERGENCY CONTACT NAME & NUMBER	24Hr EMERGENCY CONTACT NAME & NUMBER
MEDICAL CONDITIONS	MEDICAL CONDITIONS
SPECIAL DIETARY REQUIREMENTS	SPECIAL DIETARY REQUIREMENTS
OTHER IMPORTANT ITEMST TO BE NOTED:	OTHER IMPORTANT ITEMST TO BE NOTED: