

# AUSTRAL TOURS BOOKING FORM



**Post or fax to: Austral Tours Ltd  
20 Upper Tachbrook Street  
London SW1V 1SH**

**Tel.: 020-7233 5384  
Fax: 020-7233 5385  
E-Mail: info@latinamerica.co.uk  
Web: www.latinamerica.co.uk**

NAME & BILLING ADDRESS OF PERSON SIGNING THIS FORM AND PAYING FOR TOUR	Home Telephone	TRAVEL AGENTS STAMP
Day Telephone		

DETAILS OF PERSONS TRAVELLING					
Title	Full name	Date of birth	Passport number	Nationality	Date & place of issue / expiry date

HOLIDAY REQUIRED		
Tour name	Departure date	Type/Number of Rooms Required
Total Cost of Tour	Special Requests (ie vegetarian, non-smoking)	Twin_____ Double_____ Single_____

**PAYMENT**  
The deposit of £250 per person is payable at the time of booking. In certain cases, for example if your tour includes a cruise, a higher deposit will be required which will be advised at the time of booking. If your reservation is made less than eight weeks prior to departure, the full amount is payable.

No. of persons	Deposit	Insurance	Total
	£	£	£

**DEBIT/CREDIT CARD PAYMENT**

Austral Tours accepts payment by the debit/credit cards shown below. Please tick the relevant box.

I wish to pay by the debit/credit card shown here. Please charge to my debit/credit Card Account the sum of £ \_\_\_\_\_

VISA \_\_\_\_ MASTERCARD \_\_\_\_ VISA DELTA \_\_\_\_

DINERS \_\_\_\_ AMERICAN EXPRESS \_\_\_\_

EXPIRY DATE \_\_\_\_\_ CARDHOLDER'S NAME: \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ SEC CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**INSURANCE**

It is a condition of our acceptance of your booking that you take out adequate insurance at the time of booking. Austral Tours is not authorised to sell insurance by the Financial Services Authority, however we can recommend, as an Introducer Appointed Representative, the policies of Citybond Suretravel. You can find information about the policies that Citybond Suretravel offers as well as request a quotation through the following link on our website : [www.latinamerica.co.uk/travel\\_insurance.htm](http://www.latinamerica.co.uk/travel_insurance.htm)

Please provide below your insurance policy number and the name and 24 hour emergency phone number of your Insurers.

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

24hr Emergency Contact Phone No. \_\_\_\_\_

I have read, understand and accept on behalf of all persons listed above, the General Information and Booking Conditions in this brochure. I also accept that all persons listed are themselves responsible for seeing that immigration and health requirements are fulfilled and that none of the persons named above is travelling contrary to medical advice.

Date	Signature	Total enclosed

May we ask how you heard of Austral Tours?  
If through a newspaper or magazine, please specify which, if possible.