

Booking Form On-line version.

Name & Address Of Person Booking

Group leader / point of contact - Please circle options

Title / Name:

Address:

Postcode:

Email:

Tel / Daytime:

Tel / Evening:

Mobile:

Fax:

DOB:

Nationality:

Insurance Required: Yes No

How did you hear about Carte Blanche?

Word of mouth Website

Advertisement Press article

Travel Agent

Travel Details

Please read the accompanying 'Terms & Conditions'

Your Carte Blanche Booking Reference No':

Countries:

Departure Date:

Departure Airport:

Airline Membership Card No':

Insurance Details if arranged elsewhere:

Insurance Company

Policy Number:

Payment Details

These must be made by the group leader

Payments can be made by cheque or bank transfer, and is required at least 8 weeks prior to departure.

A deposit of 20% of the full cost of your holiday is required, with full payment on bookings made less than 8 weeks prior to departure.

Please make cheques payable to Carte Blanche Travel Limited

I enclose

A deposit of £

A full payment of: £

Alternatively, please make bank transfers to:

Carte Blanche Travel Limited
Barclays Bank
Fleet Street Branch
London

Account number: 9031 4190 314889
Sort code: 20-41-41
Swift: BARCGB 22
IBAN: GB02 BARC 2041 4190 314889

I have transferred

A deposit of: £

A full payment of: £

Declaration:

On behalf of all the persons on this booking, named or otherwise, I declare that I am over 18, and I/we have read, and agree to the accompanying 'Booking Conditions', and that all bookings are made subject to these conditions.

Signature

Date

Details Of All
Persons Travelling

Additional persons travelling - Please circle options

Title:

Name:

DOB:

Nationality:

Insurance Required: Yes No

Title:

Name:

DOB:

Nationality:

Insurance Required: Yes No

Title:

Name:

DOB:

Nationality:

Insurance Required: Yes No

Title:

Name:

DOB:

Nationality:

Insurance Required: Yes No

Title:

Name:

DOB:

Nationality:

Insurance Required: Yes No

Title:

Name:

DOB:

Nationality:

Insurance Required: Yes No

Title:

Name:

DOB:

Nationality:

Insurance Required: Yes No

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