



CONTACT DETAILS Invoice and all correspondence sent to this person

Lead Passenger Full Name			
Contact Address		Departure Date	
		Departure Port	
Post Code		Package Name/Code	
Email		Mobile Tel	
Destination		Home / Work Tel	

PASSENGER DETAILS All travellers including lead passenger details should be filled in and passport copies sent with this form

Count	Title	First/Middle Name	Surname	DOB	Travel Insurance company/ PolicyNo	Nationality	Any Special Request
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Where did you hear about us?

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Payment Methods and Terms

We accept debit and credit cards. Credit card payments attracts additional surcharge. Cheques payable to SKANDA HOLIDAYS (UK) Ltd. We DO NOT accept cash payment. 40% deposit required at the time of booking, exact amount will be advised at the time of booking. For departure date less than eight weeks full payment is required. Please refer cancellation policy in our booking condition.

NEXT OF KIN CONTACT DETAILS Non travelling closest friend or relative example, son, daughter, grandson, grand daughter, brother, sister, father, mother

Next of Kin Full Name			
Contact Address		Age	
		Relationship	
Post Code		Mobile Tel	
Email		Home / Work Tel	

All details provided by you will be held by us and used in accordance with our Privacy Policy. We may from time to time contact you by post or email with further information on the latest offers, brochures, products or services which we believe may be of interest to you. Please tick if you do not like to hear from us by: Post Email Text

I hereby accept that I, on behalf of both myself and all the other persons on this booking form have read, understood and accepted the booking conditions including cancellation policy (available online at <http://www.skandaholidays.co.uk/terms-and-conditions>), general information and all other information relevant to this booking, and further I have the authority of all the persons named on this booking form to make the booking subject to these conditions. All members of the party personally accept responsibility to be aware of and comply with health, passport and visa requirements. I confirm all members of the party have appropriate and valid travel insurance. I understand next of kin details given are meant for notification in case of emergency. I confirm next of kin are not authorized to claim compensation, obtain refunds, cancel, alter and/or advice on changes to my/our holiday package booked with Skanda Holidays (UK) Ltd. I confirm that Skanda Holidays (UK) Ltd has no legal contract or any terms of business with next of kin in connection with my/our travel arrangements. I am over 18 years of age.

Name Signature..... Date

Skanda Holidays is a trading name of Skanda Holidays (UK) Ltd. Registered in England and Wales Company No: 07636765 Registered Office: First Floor, Two Snowhill, Snow Hill Queensway, Birmingham B4 6GA. Tel: 01212855247 Fax; 01212855240 Email: contact@skandaholidays.com

Please complete this form and attach appropriate documents (example passport copies) and post it to the following address:

**Skanda Holidays (UK) Ltd
Geddes House
Kirkton North Road
Livingston
EH54 6GU**