



BOOKING FORM

Please complete this form and return by email or fax.

La Dolce Vita Holidays Terms & Conditions Apply
See: www.holidayspecial.co.za

TO BE COMPLETED BY THE AGENT / CLIENT

Booking ref:		Departure date:	
Destination:			

If your passenger is paying by credit card you acknowledge that you have **seen** the card and that the signature on the card is the same as that on the Credit Card Charge Form _____ (agent's signature)

TO BE COMPLETED BY THE PASSENGER

Dear Passenger

This booking form is the sole contract between La Dolce Vita Holidays and yourself and no express terms, undertakings, or warranties not contained herein will be valid. La Dolce Vita Holidays undertakes to provide the services that are detailed under your booking number above and you hereby agree to our Standard Terms and Conditions available on request and on our website at (www.holidayspecial.co.za). By signing this booking form you are deemed to have read, understood and accepted the Terms and Conditions and you agree to comply with them.

Your signature also means that you have the authority and contractual capacity to act on behalf of and bind the other people whose names appear on this booking form. If you do not have this authority they need to complete their own booking form.

We need to have the details of your next of kin or someone that you would like us to contact in case of emergency or major change in your travel itinerary. Please fill in below. We would like to draw your specific attention to the fact that you are responsible for your own passports, visa's vaccinations and inoculations

Please return this form to your agent or to La Dolce Vita Holidays when requesting a booking. Documents will be released 24 hours after we have received full payment and this completed booking form.

Passenger names as they appear in your passport (ID document for local travel)

We charge R100 per change if a name is incorrectly spelt below, necessitating a name change with the airline. NB: Name changes can only be done **before** tickets are issued and are subject to airline approval.

Title	Surname	First names & ID Numbers (no nick-names)	Child ages	Nationality

Passenger contact number & e-mail address :

Special Requests

EMERGENCY CONTACT DETAILS: Full name and relationship:
Tel No: Mobile No:

Name of signatory (block letters):

ID number:

I _____ have read, understood and accepted the Terms and Conditions and am duly authorised to sign on behalf of the people listed above.

Signature: (If under 21, parent/guardian's signature required) _____ **Date:**

Banking Details – Please fax the deposit slip or EFT report to **086 514 6404** or **0866 105 017**
e-mail to di@ladolcevitaholidays.com or katia@ladolcevitaholidays.com Cheque payments need 7 working days to clear.

Acc Name : La Dolce Vita Holidays
Bank : FNB Bryanston
Branch code : 250017
Acc No : 62243244126

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