



BOOKING FORM

Please complete this booking form to include your address, and return to us with your deposit payment. If you do not have your pick-up and drop-off information at this point in time please leave these fields empty.

PASSPORT INFORMATION

Full Name

Number Nationality

Issue Date Expiration Date

Place of Issue: Date of Birth

Sex: M F (Tick as appropriate)

E-mail

Please check your email address is correct.

Telephone

Address

Postcode

Disabilities:

Medical conditions:

Allergies:

ARRIVAL DATE

DEPARTURE DATE

OUTBOUND TRAVEL

OUTBOUND AIRPORT: DESTINATION AIRPORT:

FLIGHT NUMBER AND TIME:

RETURN TRAVEL

OUTBOUND AIRPORT: DESTINATION AIRPORT:

FLIGHT NUMBER AND TIME:

EMERGENCY CONTACT

Name: Relationship:

Address:

Tel: E-Mail:

PRINT NAME:

SIGNATURE:

DATE:

PRIVACY POLICY

Msafiri Tours is committed to respect the privacy of our clients and the personal information collected from them when booking trips to Africa. Personal information includes names, e-mail addresses, private addresses, telephone numbers and other information provided by a client. Msafiri Tours undertakes to make personal information available to employees (including those contracted to provide a service) on a need-to-know basis ONLY. It is our policy NOT to exchange, sell or disclose personal information to an outside party.



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