



BOOKING FORM

Please complete in BLOCK LETTERS and return to: The Traveller & Palanquin, 10 Bury Place, London, WC1A 2JL.
Telephone. 020 7436 9343/020 7269 2770 Fax. 020 7436 7475 E-mail. info@the-traveller.co.uk Web. www.the-traveller.co.uk

PLEASE PRINT CLEARLY

| TITLE/FULL NAME: | | | | |
|------------------|-------------------------------|-----------------------|---------------------------|-----|
| ADDRESS: | | | POST CODE: | |
| HOME TELEPHONE: | | | WORK TELEPHONE: | |
| EMAIL: | | | MOBILE: | |
| FAX NUMBER: | | | | |
| TOUR: | | | | |
| DEPARTURE DATE: | | | | |
| TITLE | NAME IN FULL (as in passport) | FIRST NAME (known as) | NATIONALITY (as passport) | DOB |
| 1: | | | | |
| 2: | | | | |
| 3: | | | | |
| 4: | | | | |

REQUIREMENTS

| | | | |
|--|---|--------------------------------------|---|
| TWIN ROOM <input type="checkbox"/> | DOUBLE ROOM <input type="checkbox"/> | SINGLE ROOM <input type="checkbox"/> | OTHER (Triple etc) <input type="checkbox"/> |
| INSURANCE: YES <input type="checkbox"/> NO <input type="checkbox"/> (If no complete form overleaf) | | | |
| ENTRY VISA PLUS PROCUREMENT FEE: YES <input type="checkbox"/> | | NO <input type="checkbox"/> | |
| VEGETARIAN/OTHER: | | SMOKING <input type="checkbox"/> | NON SMOKING <input type="checkbox"/> |
| SPECIAL REQUESTS: | | | |
| HOW DID YOU HEAR ABOUT US? | | | |
| HAVE YOU TRAVELLED WITH US BEFORE? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| LAND ONLY <input type="checkbox"/> | BUSINESS CLASS UPGRADE <input type="checkbox"/> | | |
| EXTENSIONS REQUIRED: | | | |

PASSPORT DETAILS

| NUMBER | DATE ISSUED | DATE OF EXPIRY | PLACE ISSUED |
|--------|-------------|----------------|--------------|
| 1: | | | |
| 2: | | | |
| 3: | | | |
| 4: | | | |

PAYMENT

| | | |
|-----------------------|------------------|---|
| DEPOSIT* | £ 375 PER PERSON | £ |
| INSURANCE | £ PER PERSON | £ |
| INSURANCE (over 65) | £ PER PERSON | £ |
| TOTAL MONIES ENCLOSED | £ | |

*FULL PAYMENT REQUIRED 10 WEEKS PRIOR TO DEPARTURE OR ON BOOKING IF WITHIN 10 WEEKS OF DEPARTURE. I HAVE READ AND AGREE TO BE BOUND BY THE BOOKING CONDITIONS APPEARING IN THE TRAVELLER AND PALANQUIN BROCHURE 2009.

| | | |
|---|--------------|--------------------|
| DATE: | | |
| SIGNATURE (For and on behalf of all travellers listed): | | |
| CHEQUES TO BE MADE PAYABLE TO DELANCY TRAVEL LTD. | | |
| CARD No: <input type="text"/> | | |
| ISSUE DATE: | EXPIRY DATE: | CARDHOLDER'S NAME: |

DELANCY TRAVEL LTD. TRADING AS THE TRAVELLER & PALANQUIN

INSURANCE COVER

It is essential to take out insurance and we have arranged an insurance policy through Suretravel. Full details of our insurance policy will be sent to those taking out this cover. Non-EU passengers must make their own arrangements. If you purchase your policy elsewhere you should ensure that adequate cover is provided and inform us of the insurer's name, policy number and their emergency contact number.

PLEASE TICK APPROPRIATE BOX BELOW

I WOULD LIKE THE TRAVELLER TO ARRANGE MY INSURANCE COVER:

I HAVE MADE/WILL MAKE ALTERNATIVE INSURANCE* ARRANGEMENTS:

*State name of own insurance policy, policy number and emergency contact numbers (or advise before date of travel):

SUMMARY OF CITYBOND SURETRAVEL COVER

Eligibility: All Citybond Suretravel policies are available to EU residents who have been resident in their EU country for at least 6 months in the 12 months prior to policy issue AND are registered with a local doctor. This also applies to non-EU nationals who have been in the UK for a minimum of 6 months and are registered with a doctor.

| | |
|-------------------------------|---|
| 1. PERSONAL LUGGAGE | • LOSS OR DAMAGE OF LUGGAGE UP TO £2,000 • ANY SINGLE ARTICLE, SET OR PAIR £300 • PERSONAL MONEY AND PASSPORT, UP TO £500 |
| 2 MEDICAL AND OTHER EXPENSES | • UP TO £10,000,000 • HOSPITAL BENEFITS - UP TO £800 |
| 3 CANCELLATION OR CURTAILMENT | • UP TO FINAL INVOICE CHARGES (UP TO £5,000) |
| 4 PERSONAL ACCIDENT | • INJURY COMPENSATION UP TO £20,000 |
| 5 DELAYED & MISSED DEPARTURE | • UP TO £1,000 |
| 6 PERSONAL LIABILITY | • UP TO £2,000,00 |
| 7 LEGAL EXPENSES | • UP TO £25,000 |
| 8 MAIN EXCLUSIONS | • A POLICY EXCESS APPLIES TO EACH CLAUSE OF THE INSURANCE COVER. |
| 9 AGE SPECIFICATIONS | • AGE LIMIT FOR COVER IS 85 YEARS AT TIME OF TAKING OUT INSURANCE. |

WARRANTY - IMPORTANT NOTICE

Unless specific agreement to the contrary has been obtained from the Underwriters, this Insurance is subject to the Warranty that no travel or holiday arrangement will be undertaken:

1. against medical advice or,
2. with the intention of receiving medical treatment or,
3. after a terminal prognosis has been made or,
4. if the Assured is aware of any circumstances that could be reasonably be expected to give rise to a claim.

GENERAL EXCLUSIONS to the cover may include any claim arising out of the Assured arising on a hospital waiting list for In-patient treatment and any claim arising out of the Assured having a chronic and/or recurring illness.

PREMIUMS

| LENGTH OF STAY | UK | EUROPE | WORLDWIDE |
|----------------|------|--------|-----------|
| UP TO 9 DAYS | £ 17 | £ 27 | £ 57 |
| UP TO 17 DAYS | £ 19 | £ 30 | £ 67 |
| UP TO 23 DAYS | - | £ 34 | £ 73 |

Double premiums apply to passengers 65 years of age and over at the date of departure with a further supplement of £ 15 for those aged 76 - 80 years and of £ 25 for those aged 81 - 85 years. Age limit for cover is 85 years at time of taking out insurance.

IF YOU ARE IN ANY DOUBT WHATSOEVER then please telephone us and we will assist you with further information.

Signature _____

