



# Direct Link Travel Pty Ltd

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Booking Ref: \_\_\_\_\_

## TOUR BOOKING FORM

TOUR NAME \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_

DEPARTURE POINT \_\_\_\_\_

Agent Stamp \_\_\_\_\_

DD/MM/YY

SYD  MEL  BNE  OTHER

NOTE: THE FOLLOWING INFORMATION IS ESSENTIAL FOR US TO CONFIRM YOUR BOOKING CORRECTLY. DETAILS MUST BE EXACTLY AS SHOWN ON YOUR PASSPORT. IF DETAILS ARE NOT CORRECT, AMENDMENT FEES MAY APPLY!

Mr/Ms Miss/Mstr	Surname	Given Name	Date of Birth (dd/mm/yy)	Nationality	Occupation	TWN /SGL Share room	
1.							
Passport No.		Expiry		Visa No.		Expiry	Dietary
2.							
Passport No.		Expiry		Visa No.		Expiry	Dietary
3.							
Passport No.		Expiry		Visa No.		Expiry	Dietary
4.							
Passport No.		Expiry		Visa No.		Expiry	Dietary
Contact Details:							
Address _____							
Home Phone _____		Business Phone _____		Mobile _____			
Fax number _____		Email _____					

Does anyone of the above suffer from physical or Mental disabilities? <input type="checkbox"/> YES (If yes, please attach doctor's certificate stating fitness to travel) <input type="checkbox"/> NO	Do you wish to take out travel insurance through us?(If not, please provide details of alternative cover) <input type="checkbox"/> YES(If yes, please attach Your Enrolment Form) <input type="checkbox"/> NO _____
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<b>EXTRA HOTEL NIGHTS</b> <input type="checkbox"/> PRE TOUR Room Type: Single / Twin Share (please circle) Date In: ___/___/___ Date Out: ___/___/___ Number of Nights: _____	<input type="checkbox"/> POST TOUR Room Type: Single / Twin Share (please circle) Date In: ___/___/___ Date Out: ___/___/___ Number of Nights: _____	<b>Return Date of Your Flight</b> (For Stay Behind Only)
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<b>Emergency Contact:</b> 1.Name _____ Relationship _____ Phone _____ 2.Name _____ Relationship _____ Phone _____	<b>Visa Arrangements</b> Do you wish to process your visa through us? <input type="checkbox"/> Yes (please tick which type) <input type="checkbox"/> Single Entry <input type="checkbox"/> Double Entry Within 6 Month <input type="checkbox"/> Multiple Entry within 6 Month <input type="checkbox"/> Multiple Entry within 1 Year <input type="checkbox"/> No, I arrange it by myself	<b>Language Preference*</b> <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> For other languages, Please Specify _____ *Subject to availability If you require other services, please give details here:
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By signing this, I confirmed that I have read and accept to the terms and conditions at the back of this Tour Booking Form or attached with this form on behalf of all members of my party by whom I am duly authorised to make this agreement. I certify that my/our health and level of fitness is sufficient to complete the itinerary.

Signed by \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_