

SURNAME (as on passport)	
FIRST NAMES (as on passport most important that this is accurate please)	
ID NO.	
COMPANY	
TELEPHONE & CODE	
FAX & CODE	
CELL NO:	
E-MAIL	
POSTAL ADDRESS	
CODE	
PHYSICAL ADDRESS	
MEAL REQUESTS ( KOSHER ETC)	
<b>PLEASE REMEMBER YOU MAY REQUIRE A VISA IT WOULD BE YOUR RESPONSIBILITY TO ENSURE YOU HAVE THE CORRECT DOCUMENTS</b>	

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

Terms and conditions

1. Failure to provide the requisite deposit may lead to automatic cancellation of bookings. Reservations will only be considered firm when deposit is paid in full, in all cases the deposit remains non-refundable in the case of cancellations.
2. Final payment is due upon invoice being received
3. All cancellations must be made in writing and **will incur cancellation fees if made after flights have been booked.**
4. It is the responsibility of each passenger to ensure they are in possession of correct travel documentation prior to departure. We do not accept any responsibility for any consequence of any nature whatsoever, arising from the passengers' failure to ensure they are in possession of the correct passport/visa/health requirements etc.
5. Flights and flight times may change at the airlines discretion.
6. The South African Institute of Security act as agents only and on the condition that they will not be held responsible for any injury, loss, accident, delay or any other irregularity that may be occasioned by any defect in any vehicle, or any other form of conveyance, or by error or default of any company or person engaged in conveying the passenger, carrying out the arrangement of the tour or otherwise in connection therewith. The passenger tickets in use by the airline when issued shall constitute the sole contract between the airline and the purchaser of the tickets and / or passenger.
7. Passengers are strongly urged to ensure they are in possession of sufficient foreign exchange prior to departure.

**BOOKING FORM TO BE RETURNED TO TERRY SCALLAN ON**  
**[tscallan@vodamail.co.za](mailto:tscallan@vodamail.co.za)**  
**together with proof of payment of deposit.**  
**An invoice and confirmation will be forwarded upon receipt of this.**

**Bank details**

**Account: SA Institute of Security**  
**Sort Code: 01 16 42 Branch: Germiston**  
**Account No: 020 441 436**