

Booking / Enquiry Form

This form is a useful tool taking into account the general requirements of most airlines and online booking systems. We recommend all clients and prospective clients provide as much information as is possible to assist in both the booking and enquiry processes, as ultimately it can save all parties time and eradicate any potential errors.

1. In most cases Enquires and Bookings are done on the telephone but a completed online form greatly assists that process particularly if there is requirement for travel arrangements to be held on option for 24 hours.
2. Once price and availability have been agreed and the booking is confirmed all clients are required to complete this Booking Form, writing in Capital Letters, if the information is not filled in online.
3. When a booking is confirmed, the completed Booking Form together with any payment required should be sent to the address at the foot of this document.

YOUR DETAILS (person making the booking)

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please specify)	
Name as shown on passport	
Address	Postcode
Telephone	Mobile
Email	
Nationality	Date of birth (DD/MM/YYYY)

DETAILS OF ALL PEOPLE TRAVELLING

1	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please specify)
	Name as shown on passport
	Nationality
	Date of birth (DD/MM/YYYY)
2	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please specify)
	Name as shown on passport
	Nationality
	Date of birth (DD/MM/YYYY)
3	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please specify)
	Name as shown on passport
	Nationality
	Date of birth (DD/MM/YYYY)
4	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please specify)
	Name as shown on passport
	Nationality
	Date of birth (DD/MM/YYYY)

SPECIAL REQUESTS (if any)

e.g. wheelchair, cot, dietary requirements, non-smoking, quiet room(s) etc.

FLIGHT DETAILS

OUTBOUND	
Airline (if known)	Departure Date
Class: First <input type="checkbox"/> Business <input type="checkbox"/> Economy <input type="checkbox"/>	
Departure Airport	Arrival Airport
INBOUND	
Airline (if known)	Departure Date
Class: First <input type="checkbox"/> Business <input type="checkbox"/> Economy <input type="checkbox"/>	
Departure Airport	Arrival Airport

ACCOMMODATION DETAILS

Destination
Number of Nights
Number of Rooms: Single <input type="checkbox"/> Twin <input type="checkbox"/> Double <input type="checkbox"/> Other <input type="checkbox"/> (please specify)
Pre-booked meals: None <input type="checkbox"/> B&B <input type="checkbox"/> Half-board <input type="checkbox"/> Full-board <input type="checkbox"/>
All inclusive <input type="checkbox"/> Other <input type="checkbox"/> (please specify)

DECLARATION

- I have read and understood the Booking Terms & Conditions that are set out on the website and confirm I am authorised to accept these on behalf of all members of my party.
- I agree that Livingstone's Travel World can provide their suppliers with any personal information necessary to make this booking.
- I understand there is NO travel insurance provided by Livingstone's Travel World, and undertake to make adequate insurance arrangements myself.
- I confirm all travellers are in possession of valid passports, and are aware of relevant visa and health requirements.
- I am over the age of 18.

PAYMENT DETAILS FOR OFFICE USE ONLY - Clients must provide Credit/debit card details over the telephone – not by post or email.

Amount enclosed £	Deposit <input type="checkbox"/> Full payment <input type="checkbox"/>	Cheque <input type="checkbox"/> Made payable to Livingstones TW Limited
Credit card (please tick)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Card no.		Name on card
Security number (last 3 digits on signature strip)		Start date MM/YY
Expiry date MM/YY		

Signed by (person making the booking)	Date
Please save the completed version of this PDF and email it to: client@livingstonestw.co.uk , or print it off and send it to the address below.	

DATA PROTECTION & PRIVACY LEGISLATION (to comply with the Data Protection Act 1998) and the May 2018 GDPR regulations in accordance with our Privacy Policy statement) We will use the information you have given us to give you the products and services you have asked for. When we give you these products and services we will pass your details to other organisations. We may also have to send your details to countries that may not have an equal level of data protection legislation. When you ask us to give you these products and services, you agree that we can pass your details to other organisations some of which are in other countries. We may also use your details to give you offers, products and services that are available from us, associated companies and our network partners. If you do not wish to receive this information, please tick this box.