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| | | | NFORMATION: S MATCH YOUR PASSPORT ** | | |
|----------------------------------------------------------------|-------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------|
| PASSENGER 1: | | | PASSENGER 2: | | |
| Title: | | | Title: | | |
| First Name: | | | First Name: | | |
| Middle Name: | | | Middle Name: | | |
| Last Name: | | | Last Name: | | |
| Address: | | | Address: | | |
| Suburb/City: | | | Suburb/City: | | |
| State: | Post Code: | | State: | Post Code: | |
| Phone: | | Phone: | | | |
| Mobile: | | | Mobile: | | |
| Email: | | | Email: | | |
| SPECIAL REQUIREMENTS (PLEASE CIRCLE WHERE APPROPRIATE) | | | | | |
| Single Supplement Required (Ex | | Yes / No | | • | Yes / No |
| Business Class Airfares? (Extra Cost Applies) Yes / No | | | | Yes / No | |
| Dietary Requirements: | | | Dietary Requirements: | | |
| Special Needs/Medical Conditions: | | | Special Needs/Medical Conditions: | | |
| PASSPORT INFORMATION | | | | | |
| Passport Number: | | | Passport Number: | | |
| Country of Issue: | | | Country of Issue: | | |
| Date of Issue: | | | Date of Issue: | | |
| Date of Expiry: | | | Date of Expiry: | | |
| Date of Birth: | | | Date of Birth: | | |
| Citizenship: | | | Citizenship: | | |
| | E | MERGENO | CY CONTACT | | |
| Full Name: | | | Full Name: | | |
| Address: | | | Address: | | |
| Phone: | | | Phone: | | |
| TRAVEL INSURANCE (PLEASE CIRCLE WHERE APPROPRIATE) | | | | | |
| Do you have your own travel insu | | Yes / No | | - | Yes / No |
| · | | | | | |
| Office Note: Copy of travel insurance policy sighted? Yes / No | | | EE BACK OF BOOKING FORM | moc policy signica: | 1037110 |
| 1/10/- 1 | | | | | |
| I / We agree to pay our \$400 depo | esit within 7 days of book. (Includes any other | ooking con additional | Conditions on the back of this Booking firmation. I / We agree to pay the replayed tours selected and costs including stag in value or airline initiated). | emaining full payment | |
| Signed: | | | Signed: | | |
| Date: | | | Date: | | |