

BOOKING FORM



SATC Holidays, 94 Voortrekker Road, Salt River, 7925
 PO Box 102, Observatory, 7935, South Africa
 Tel: 021 508 1111 Fax: 021 510 3131

ABSA banking details for payments:
 Account number: 01392270601
 Branch code: 506009
 Merchant number: 310409

BOOKING NO:			DEP DATE.....			SATC HOLIDAYS CONSULTANT NAME:		
	SURNAME	FIRST NAMES	TITLE	PASSPORT / ID NUMBER	NATIONALITY	DATE OF BIRTH		
1								
2								
3								
4								
5								

Private Residential Address (not P.O. Box) Postal Code Tel Fax	Special Requests Meals Smoking/Non-smoking Accommodation Medical Information Loyalty Programme
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PAYMENT

We hereby authorize the amount of R paid by cash or cheque

We hereby authorize SATC Holidays to debit our credit card (details provided below) with the amount of R

Credit Card Holders Name Type of Card

Credit Card Number

CC Control Number (check digits at back of card)

Expiry Date ID Number.....

Authorisation Codes (land) (to be obtained by consultant)

(Air)

Please debit by straight / budget account over months Signature

Travel Declaration (Must be completed by the travel agent)

We hereby accept full responsibility for collecting and verifying the following cardholder's information on behalf of SATC Holidays and/or have informed the client/s of the SATC Holidays terms and conditions. I am over 18 years of age.

Date:

Print Name:

Travel Agents Signature:

I/we agree on behalf of all the above that I/we have read & accept the SATC Holidays Terms & Conditions.

Client Signature:

Travel Agency Stamp