

Please fill in the form in **BLOCK CAPITALS**. Before signing please ensure you have read and understood all Booking Conditions.

Name of Tour (if applicable): _____

Date of Arrival: _____

Travel Consultant: _____

Traveller Names: Please complete all sections. **Names as on the passport.**

Title (e.g. Ms. Mrs. Mr.)	First Name	Surname	Date of Birth	Passport No.	Date of Issue Date of Expiry	Nationality
1						
2						
3						
4						

Please use a separate sheet of paper for additional guests.

Name & Address for Correspondence:

First Name: _____ **Surname:** _____

Address: _____

Telephone: _____ **Email:** _____

Emergency home country telephone no. and contact name whilst on tour: _____

Room Requirements: Double Twin Single

Meal Plan: Daily Breakfast Half Board Full Board

Travel Insurance:

Please arrange comprehensive Travel Insurance to cover the entire trip before departure.

Visa: You need a valid visa to visit India.

Citizens of most countries/territories can apply online for an e-Tourist Visa to travel to India. For details & requirements go to <https://indianvisaonline.gov.in/>

Special Requests (if any): _____

Payment Details:

Please send us your completed booking form with a deposit of 25% of the invoiced amount to Indus Discoveries Pvt. Ltd. Balance is due ten weeks prior to departure (for Group Tours as per Confirmation Invoice). For bookings made less than ten weeks before departure, full payment is due at the time of booking.

You can make your payment by electronic transfer to our bank (details are below).

Beneficiary Name	Indus Discoveries Pvt. Ltd.
Beneficiary Address	FF 30 JMD Galleria, Sohna Road, NCR, Gurgaon Haryana 122001
Bank Name	HDFC BANK LTD.
Bank Address	Bestech Central Square, Sushant Lok -II, Sector 57, Gurgaon 122002, Haryana, India
Account No.	13942560000749
Beneficiary Bank SWIFT	HDFCINBBDEL

I confirm that I am authorised to make this booking on behalf of the persons named above and am responsible for the booking payment. I am over 18. I have read and I accept all the booking conditions. I confirm that I accept, on behalf of all the members of the party, responsibility to ensure they comply with the entry visa and medical and Insurance/travel related arrangements.

Signed: _____

Dated: _____

We will hold your information and may use it to inform you of our new products in the future or to send you brochures. If you do not wish to receive such information in the future, please tick the box.

How did you hear about us?

Submit