

NOBLE CALEDONIA BOOKING FORM

PLEASE NOTE: You may choose to complete an online booking form instead and make payments online at www.noble-caledonia.co.uk
PLEASE USE CAPITAL LETTERS THROUGHOUT AND ENSURE THAT YOU COMPLETE BOTH SIDES OF THIS FORM

| | |
|---------------------------|------------------------|
| Booking Reference: | Departure Date: |
| Name of Tour: | |

Lead Passenger Details:

Full permanent address to which all correspondence/travel documentation is to be sent:

Postcode: _____
Telephone No: _____
Email Address: _____
Mobile No*: _____
* It is extremely helpful, especially in emergencies or in situations where there is a last minute change of plans, if you bring a mobile phone with you on your holiday.

Second Passenger Details:

Full permanent address to which all correspondence/travel documentation is to be sent:

Postcode: _____
Telephone No: _____
Email Address: _____
Mobile No*: _____
* It is extremely helpful, especially in emergencies or in situations where there is a last minute change of plans, if you bring a mobile phone with you on your holiday.

Lead Passenger Details (as they appear on your passport):

Title

Forename

Middle Name

Surname

Date of Birth (dd/mm/yyyy)

Place of Birth

Nationality

Passport Number

Date of Issue (dd/mm/yyyy)

Date of Expiry (dd/mm/yyyy)

Place of Issue

Special requests in relation to the above passenger (eg. Special dietary requests, flight seat requests etc). Please note that requests will be passed on to the airline/other suppliers in line with our privacy policy but cannot be guaranteed.

Second Passenger Details (as they appear on your passport):

Title

Forename

Middle Name

Surname

Date of Birth (dd/mm/yyyy)

Place of Birth

Nationality

Passport Number

Date of Issue (dd/mm/yyyy)

Date of Expiry (dd/mm/yyyy)

Place of Issue

Special requests in relation to the above passenger (eg. Special dietary requests, flight seat requests etc). Please note that requests will be passed on to the airline/other suppliers in line with our privacy policy but cannot be guaranteed.

Room/Cabin Booked: Single/Sole Occupancy Twin Double

Cabin Category (if applicable): _____

Please note that not all vessels/hotels are able to offer a choice of twin-bedded and double-bedded accommodation. Please state your preference above but please note that this cannot be guaranteed.

Room/Cabin Booked: Single/Sole Occupancy Twin Double

Cabin Category (if applicable): _____

Please note that not all vessels/hotels are able to offer a choice of twin-bedded and double-bedded accommodation. Please state your preference above but please note that this cannot be guaranteed.

Lead Passenger Details Continued:**Emergency Contact(s)** (this must be for someone not travelling with you). Please advise the name(s) and contact details of your next of kin in case of an emergency:

Name _____

Relationship _____

Telephone number(s) _____

Mobile number _____

Email _____

Second Passenger Details Continued:**Emergency Contact(s)** (this must be for someone not travelling with you). Please advise the name(s) and contact details of your next of kin in case of an emergency:

Name _____

Relationship _____

Telephone number(s) _____

Mobile number _____

Email _____

Health and Fitness

Lead Passenger:

1. Do you suffer from any disability or any other medical condition that may affect your holiday arrangements? Yes No 2. Do you have any walking difficulties or mobility restrictions and/or walk with a stick or other mobility aid and/or are able to walk short distances only? Yes No

Please refer to your confirmation invoice/email for further information concerning health formalities for your holiday including any requirements relating to Covid-19 vaccination.

If you answer YES to either of the questions 1 or 2 above, please provide further details in the space below (please attach additional paper if required).

Some of our holidays include walking over uneven terrain, climbing steps, embarking/disembarking water craft etc. If you are unsure of your fitness or the suitability of the holiday please contact us for further advice. We may require a letter from your doctor certifying your fitness to travel.

Health and Fitness

Second Passenger:

1. Do you suffer from any disability or any other medical condition that may affect your holiday arrangements? Yes No 2. Do you have any walking difficulties or mobility restrictions and/or walk with a stick or other mobility aid and/or are able to walk short distances only? Yes No

Please refer to your confirmation invoice/email for further information concerning health formalities for your holiday including any requirements relating to Covid-19 vaccination.

If you answer YES to either of the questions 1 or 2 above, please provide further details in the space below (please attach additional paper if required).

Some of our holidays include walking over uneven terrain, climbing steps, embarking/disembarking water craft etc. If you are unsure of your fitness or the suitability of the holiday please contact us for further advice. We may require a letter from your doctor certifying your fitness to travel.

Insurance

It is essential that you have suitable and adequate travel insurance in force for the duration of the holiday. Please see clause 4 of our booking conditions for further information. If you already have your insurance details, please set out below the name of your insurer, the relevant policy number and your insurer's emergency telephone number.

Please note: we are entitled to confirm your booking without having received details of your insurance cover or doctor's note. When we do so, a contract will come into existence between us in accordance with our booking conditions. If you do not provide evidence of insurance cover and/or a doctor's note (if one is requested by us) by the time your balance is due (or by any other reasonable deadline we stipulate prior to departure), we reserve the right to cancel your booking and apply charges as set out in clause 6 of our booking conditions.

Lead Passenger: Insurer _____ Second Passenger: Insurer _____

Insurer's Emergency Telephone No: _____ Insurer's Emergency Telephone No: _____

Policy Number: _____ Policy Number: _____

Payment

To confirm your booking please enclose a deposit of 10% per person or full payment if appropriate: £ _____

Methods of PaymentYou may choose to pay online at www.noble-caledonia.co.uk or you may pay by cash, cheque (made payable to Noble Caledonia Limited) or by credit/debit card.

To make card payments by telephone, please contact us on 020 7752 0000.

Staying in TouchFrom time to time, we would like to send you details of Noble Caledonia products, offers and news which we believe will be of interest to you by email and post. Any information provided by you will be for the sole use of Noble Caledonia Ltd and will not be passed on to any other companies or organisations. You can opt out of receiving such information any time by emailing info@noble-caledonia.co.uk, contacting us by telephone on 020 7752 0000 or writing to us at 2 Chester Close, London, SW1X 7BE.If you consent to us contacting you in these ways and for these purposes please tick to say how you would like us to contact you: **By Post** **By Email** **On behalf of all the persons named on this booking form, by whom I am authorised to act, I confirm I have read and agree to the booking conditions of Noble Caledonia Limited**In order to process your booking and to ensure that your holiday runs smoothly and meets your requirements, we will need to use your personal information as detailed in our privacy policy. In making a booking, you agree to the terms of our privacy policy which can be viewed at www.noble-caledonia.co.uk/privacy-policy.**Signature (lead passenger signature only)** _____ **Date** _____

Signature by hand only. Digital signature not accepted.