



PASSENGER BOOKING FORM

TOUR DETAILS	
Destination & Duration	
Aust. departure city	
Departure Date	

PASSPORT DETAILS	Please also send a copy of passport with this form
Name & Title:	
Date of Birth	
Passport Number	
Date of issue	
Date of expiry	
Nationality	
Place of birth	
Issued / Authority	

Name & Title:	
Date of Birth	
Passport	
Date of issue	
Date of expiry	
Nationality	
Place of birth	
Issued / Authority	

CLIENTS CONTACT NUMBERS	
Name and Phone	
Name and Phone	
E-Mail address/s	
<input type="checkbox"/>	Please tick to receive our Travel Club specials via email
Phone – day of departure	
Address for Documents	

TRAVEL INSURANCE	
Policy Name	
Policy Number	
24HR Emergency Contact Number	

This form may be Scanned & E-Mailed, Mailed, or Faxed to us
cati@ditravel.com.au; mark@ditravel.com.au; laura@ditravel.com.au;
wendy@ditravel.com.au; ebony@ditravel.com.au
 Address: 920 Glenferrie Road, Kew Vic 3101 Fax: 03 9818 2609



NEXT OF KIN	
Name	
Relationship to traveller/s	
Phone Number	
Mobile Phone Number	
e-mail address (optional)	

CREDIT CARD AUTHORITY	
Name as it appears on my credit card	
Credit card Number	
VISA OR MASTERCARD	
3 digit security CCV# (on the rear of your card – last 3 digits)	
Expiry Date	

Please note there is a 2% Merchant fee added for payment via MasterCard or Visa

Loyalty/Frequent Flyer Memberships		
Airline, Car, Hotel name	Member Number	Name on membership

Is there anything about you we should be aware of?

- medical conditions
- dietary requirements
- walking difficulties
- airline seating preferences
- bedding requests (Twin or Double)

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