



**CLIENT INFO :**  
PLEASE COMPLETE ALL SECTIONS

**PERSONAL AND CONTACT INFO**

FULL NAMES	
LAST NAME	
PASSPORT NO	
EXPIRY DATE	
DATE OF BIRTH	
PHYSICAL ADDRESS	
POSTAL ADDRESS	
E-MAIL ADDRESS	
PHONE NUMBERS	
OCCUPATION	

**DETAILS OF NEXT OF KIN – CONTACT IN CASE OF EMERGENCY**

NAME	
RELATION	
PHONE NUMBER	
E-MAIL ADDRESS	

<b>DATE OF SAFARI:</b>	
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**FOOD AND BEVERAGE PREFERENCES**

ALLERGIES/DISLIKES	
FOOD PREFERENCES	
BEVERAGES	DURING MEALS
	WHILE HUNTING
	ALCOHOLIC

**GENERAL & MEDICAL INFO THAT WE SHOULD KNOW**

Do you smoke? YES / NO OTHER:
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**PLEASE MAKE SURE THAT YOU HAVE ALSO SENT US THE FOLLOWING: PLEASE CHECK**

SAFARI CONTRACT	
INDEMNITY WAIVER	
FLIGHT ITINERARY	
RIFLE IMPORT DOCS	

**THANK YOU! WE LOOK FORWARD TO SEEING YOU IN AFRICA SOON!**

**PLEASE RETURN TO [hunting@somerbysafaris.co.za](mailto:hunting@somerbysafaris.co.za) or fax to 011 27 86 6911 727**