

**TOUR BOOKING FORM**

<b>FROM ( AGENT NAME )</b>	
<b>Address</b>	
<b>City</b>	
<b>Name ( In Charge Person )</b>	
<b>E-mail</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>Handphone</b>	

<b>Tour Name :</b>		<b>Tour Code :</b>	
<b>Departure Date :</b>		<b>Return Date :</b>	
<b>Total Paxs :</b>	<b>Adult :</b>	<b>Child :</b>	<b>Infant :</b>
<b>Total Room :</b>	<b>Single :</b>	<b>Twin :</b>	<b>CWB : CNB :</b>

**DATA PASSPORT**

NO.	Name of Paxs	No. Passport	Place & Date Of Birth	Place & Date Issued Passport	Date Expiry
1					
2					
3					
4					
5					
6					
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29					
30					
31					

**Flight Details**

Date	From	TO	Flight No	ETD	ETA