



Booking Reference (Office use)

TERMS & CONDITIONS APPLY
SHALOM JERUSALEM PILGRIM TOURS

Travel Insurance Application

TO BE COMPLETED BY THE CLIENT

Booking number:		Departure date: (dd/mm/yy)	
Number of Days in Travel		Return date: (dd/mm/yy)	
Departure city		Countries to be visited	

PERSONAL PARTICULARS

Name as in passport _____ Surname _____

Title (Rev/Dr/Mr/Mrs/Miss) _____ Identity Number _____

Nick Name _____ Gender Male/Female _____

Physical Address _____ Postal Code _____

Postal Address _____ Postal Code _____

Marital Status _____ Occupation _____

Email _____ Contact Numbers (H) _____ (O) _____ (Mobile) _____

Date of Birth (DD/MM/YYYY) _____ Nationality _____

Passport Number _____ Date of Issue _____ Date of Expiry _____

Country Of Issue _____ Country of Birth _____

House Doctor Name _____ Telephone _____

Physical Address _____ Postal Code _____

Pre-Existing Condition _____

Medication for pre-existing Conditions _____

GROUP TRAVEL INSURANCE :

I acknowledge that the Travel Insurance offered by Shalom Jerusalem Pilgrim Tours are based on a Group Insurance scheme of 10 people and more. Any traveller over the age of 69 (sixty nine) would be required to make alternative Travel Insurance cover arrangements and provide Shalom Jerusalem Pilgrim Tours with a legal certificate of fitness from their doctor.

REPRESENTATION OF GOOD HEALTH: I certify that I am in good health, have no medical, mental, physical conditions that affect my ability to travel and/or participate in the group tours, adventure and expeditions and have not been advised otherwise by a medical practitioner. I acknowledge that Shalom Jerusalem Pilgrim Tours is in no way responsible for any costs related to my medical care during or after the travel.

ARBITRATION: Any controversy or claim arising out of, or relating to this Release or the performance there under, including without limitation any claim related to illness, injury, death, loss or damage to property, delay or change in services or accommodations, however caused, irregularity, inconvenience, or additional expense in connection with any services resulting directly or indirectly from defect of any vehicle, act of God, act of war, insurrection, revolt, terrorism, government restrictions, and regulations, or other civil uprisings or disturbances, military action, quarantines, strikes, weather, detention, thefts, pilferage, or force majeure, shall be resolved by binding arbitration in the South Africa in accordance with the Arbitration Rules of the Government of India then existing. This agreement to arbitrate does not waive or modify the Release, Indemnification, or Assumption of the Risk contained in the foregoing paragraphs.

KNOWING AND VOLUNTARY EXECUTION: You acknowledge that you have carefully read this agreement, understand its contents, understand that this agreement includes an assumption of the risk of the released parties negligence and a release of their liability. You acknowledge that Shalom Jerusalem Pilgrim Tours, is materially relying on this waiver and is allowing you to engage and participate in the said group tour, with the knowledge that you are responsible for any medical and travel insurance.

Yes, I, _____ have carefully read this agreement and fully understand all of the above contents and having signed up for a tour with Shalom Jerusalem Pilgrim Tours and agree to register for cover for Travel Insurance.

BENEFICIARY DETAILS

Name _____ Relationship _____ Contact Number _____

EMERGENCY CONTACT

Name _____ Relationship _____ Contact Number _____