

CHANTI TRAVEL: Tel 031-583 6700 Fax 031-583 6751/0866 666 710 (A/Hours Tel: 083 513 5368 /0794943560)

ATT: TRAVEL CONSULTANT: Name:Fax:

Purpose of/ Reason for trip
MUST BE COMPLETED

| Persal Number & Traveller's Surname | Traveller's First names (as in ID Doc or Passport) | Title (Mr/Mrs) | Rank – please specify Director/Deputy Director etc. |
|-------------------------------------|--|----------------|---|
| | | | |

| Voyager / Frequent Flyer Number | Traveller's ID Number | Traveller's Cell Number |
|---------------------------------|-----------------------|-------------------------|
| | | |

FLIGHTS: DOMESTIC OR INTERNATIONAL

| Date | From | To | Departure | Arrival Time & Flight Number | Special Requirements |
|------|------|----|-----------|------------------------------|----------------------|
| | | | | | |

FLIGHT AMENDED REQUEST (IF ANY) – DETAILS PLEASE & SIGNATURE

AUTHORISED SIGNATORY

HOTEL ACCOMMODATION:

ALL GUESTS MUST SIGN HOTEL BILL ON DEPARTURE.

| City / Hotel Name | Date-in | Date-out | Special Requirements |
|-------------------|---------|----------|---------------------------|
| | | | <i>Frequent quest no:</i> |

HOTEL AMENDED REQUEST (IF ANY) – DETAILS PLEASE & SIGNATURE

AUTHORISED SIGNATORY

CAR RENTAL:

| Most cost-effective Supplier utilised | Pick-Up | | | | Drop-off | | | | Special Requirements |
|---------------------------------------|---------|------|-------------------|------|----------|------|------------------|------|----------------------|
| | Date | City | *Location / Place | Time | Date | City | Location / Place | Time | |
| | | | | | | | | | |

CAR AMENDED REQUEST – DETAILS PLEASE & SIGNATURE

AUTHORISED SIGNATORY

Co-Driver – copy of licence

Traveller's signature :

Date:

BOOKED BY TRAVEL CO-ORDINATOR/BOOKING OFFICER:

| Your Name & PERSAL Number | TRAVELLER'S Component | TRAVELLER'S Chanti Account Number (MUST BE QUOTED) | Your Telephone number | CONFIRMATION TO BE FAXED TO NUMBER: |
|---------------------------|-----------------------|---|-----------------------|-------------------------------------|
| | | | | |
| | | | | ACCOUNT NO.: |
| | | | | Your Cell Number |