

CLIENT INFORMATION SHEET

Please complete ALL sections this form and return it to That's Africa safaris by email @ info@thatsafricasafaris.com OR [follow this link](#) to complete it digitally



FULL NAME: _____ TITLE: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT

FULL NAME: _____ TITLE: _____

RELATIONSHIP TO YOU: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

PASSPORT DETAILS

NATIONALITY: _____

DATE OF BIRTH: _____

PASSPORT NUMBER: _____

DATE ISSUED: _____

ISSUED AT: _____

EXPIRY DATE: _____

OCCUPATION: _____

TRAVEL ARRANGEMENTS

ARRIVAL DATE: _____

ARRIVAL PLACE: _____

FLIGHT NUMBER: _____

ARRIVAL TIME: _____

DEPARTURE DATE: _____

DEPARTURE PLACE: _____

FLIGHT NUMBER: _____

DEPARTURE TIME: _____

SAFARI DETAILS

DURATION OF HUNT (DAYS): _____

HUNT TYPE (1x1, 2x1, OBSERVER): _____

HUNT DATES: FROM: _____

TO: _____

HUNT AREA: _____

TROPHY PREFERENCES

HIGH PRIORITY: _____

MEDIUM PRIORITY: _____

LOW PRIORITY: _____

TAXIDERMISTRY

NAME & ADDRESS OF TAXIDERMIST TO WHOM YOUR TROPHIES WILL BE AIR FREIGHTED AFTER THE HUNT:



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MEDICAL INFORMATION

HEALTH PROBLEMS WHICH MAY BE RELEVANT TO YOUR HUNT OF WHICH WE MAY NEED TO BE AWARE:

FOOD ALLERGIES: _____

OTHER ALLERGIES: _____

MEDICAL REQUIREMENTS: _____

NAME OF ANTI-MALARIAL DRUGS: _____

HEIGHT: _____

WEIGHT: _____

(For Air Charter purposes)

DIETARY INFORMATION

SPECIAL DIETARY REQUIREMENTS: _____

FOOD DISLIKES: _____

SOFT DRINK PREFERENCES: _____

ALCOHOLIC DRINK PREFERENCES: _____

INSURANCE

Although THAT'S AFRICA SAFARIS take every possible care for the safety and security of their clients and their belongings, THAT'S AFRICA SAFARIS cannot be held responsible under any circumstances for any accident, injury or illness that their clients incur, or any loss or damage to their property during their safari. Clients are advised to procure adequate insurance to cover such risks.

I UNDERSTAND THE ABOVE AND HAVE MADE ARRANGEMENTS FOR MY INSURANCE

CLIENT NAME: _____ CLIENT SIGNATURE: _____

DOCUMENTATION

Please ensure you are in possession of all the relevant VISAS, INNOCULATION CERTIFICATES, CITES PERMITS or any other import permits issued by the country of final destination for your trophies.

CLIENT NAME: _____ CLIENT SIGNATURE: _____

DATE: _____

FIREARMS AND AMMUNITION

1. MAKE: _____

MODEL: _____

CALIBRE: _____

SERIAL NUMBER: _____

AMMO no. of rounds: _____

2. MAKE: _____

MODEL: _____

CALIBRE: _____

SERIAL NUMBER: _____

AMMO no. of rounds: _____

3. MAKE: _____

MODEL: _____

CALIBRE: _____

SERIAL NUMBER: _____

AMMO no. of rounds: _____

