



# TWILIGHT TRAVEL & TOURS

PO BOX 54 145, The Marina, Auckland 2144  
Phone: 09 533 0453 or 0800 999 887 | bookings@twilighttravel.co.nz

## INTERNATIONAL TOUR BOOKING FORM

Please complete this form and return to as soon as possible with your tour deposit. This form enables us to finalise your travel arrangements.

**TOUR:** \_\_\_\_\_ **DEPARTURE DATE:** \_\_\_\_\_

1. Please complete below your full name as per your passport or identification

### Passenger One

Dr/Mr/Mrs/Ms/Miss: \_\_\_\_\_

First Names (as per passport or identification)

Surname

Passport Number

Date of issue

Expiry Date

Nationality in Passport

Date of Birth

Frequent Flyer Number

Airline

Preferred name for name badge

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code

Tel No: \_\_\_\_\_

### Passenger Two (if residing at a different address than Passenger One, please complete a separate form)

Dr/Mr/Mrs/Ms/Miss: \_\_\_\_\_

First Names (as per passport or identification)

Surname

Passport Number

Date of issue

Expiry Date

Nationality in Passport

Date of Birth

Frequent Flyer Number

Airline

Preferred name for name badge

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

### 2. Home Collection/Drop Off Service

(Applicable for pickups in Auckland and other cities if stipulated in tour inclusions. If departing earlier or extending your holiday the home collection or drop off service is not available). If not your home address, please indicate below address to be collected from.

\_\_\_\_\_ Tel No: \_\_\_\_\_

### 3. Accommodation

Please indicate the type of room you would like. **SINGLE / TWIN SHARE**

If you are a couple please indicate whether you prefer one double (queen/king size) or two single beds. **DOUBLE / SINGLE**

4. Are there any special requests, dietary requirements or celebrations during this tour? Please state below.

5. Do you have any medical conditions or allergies you feel we should be aware of? Please state below.

### 6. Travel Insurance

We strongly recommend Travel Insurance. It is recommended that insurance be purchased at time of paying deposit.

Would you like us to arrange this? **YES / NO Please complete form on reverse.** Premium enclosed \$ \_\_\_\_\_

Please refer to the tour brochure for premiums or contact us for further information and application form.

7. Deposit - I have paid my deposit / travel insurance via:

Internet Banking: Date: \_\_\_\_\_ Total: \$ \_\_\_\_\_ Reference: \_\_\_\_\_

ANZ, Wanderlust Travel Experts Ltd **06-0507-0871753-01** Ref:: tour reference & your name

Credit Card. We accept Visa or Mastercard, which is subject to a 2% surcharge. Please phone us on 0800 999 887 to facilitate a credit card transaction.

8. Please give us details of someone we can contact in the event of emergency whilst you are on holiday.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel No: \_\_\_\_\_

I have read and accepted the booking terms and conditions. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signed. Date



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## Application Form CoverMore YourCover Travel Insurance

Policy number (agent must complete)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. Please complete below your full name(s) as per your passport or identification (if Passenger 2 resides at a different address, please complete a separate form)  
Title \_\_\_\_\_ First Names (as per passport or identification) \_\_\_\_\_ Surname \_\_\_\_\_ Date of Birth \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

### 2. Policy and Travel Details (tick one)

**Single Trip**  
Area of Travel \_\_\_\_\_ Country most time spent in \_\_\_\_\_ Travel start date \_\_\_\_/\_\_\_\_/\_\_\_\_ Travel end date \_\_\_\_/\_\_\_\_/\_\_\_\_ Travel duration (# of days) \_\_\_\_\_

**Annual Multi-Trip**  
Area of Travel \_\_\_\_\_ Travel start date \_\_\_\_/\_\_\_\_/\_\_\_\_ Maximum duration per trip (days) \_\_\_\_\_  
If travelling domestic in NZ, AUS, Sth Pacific 15  30   
If travelling to the rest of the world 30  45  60

### 3. Insurance Options - Please select all relevant

**Domestic Comprehensive cover YourCover (per person).** Covers cancellation up to \$10,000, medical, travel delay, missed connections, Covid-19 benefits, etc. Full list of benefits on p4-5 of Policy Wording & Covid-19 Benefits Guide.

OR

**Domestic Cancellation Only Plan (per person):** Covers cancellation only up to: \$200 \$400 \$600 \$800 \$1500

**International Plan Only: Add cancellation cover:**

Include all prepaid travel tickets, hotels, tours or other travel related expenses for all travellers on this policy.

Single Trip: enter the value of this trip. \$ \_\_\_\_\_ Annual Multi Trip: enter your highest trip value \$ \_\_\_\_\_

**Choose your excess:** Domestic: fixed at \$25  International: \$Nil \$100 \$250

**Existing Medical Conditions:** This applies only to conditions not listed under the heading Conditions We Automatically Cover that does not meet the requirements for automatic cover. See Travel & Health section of the Policy Wording. Conditions that require assessment (extra cost applies): List travellers who require cover. A medical assessment will need to be completed. Please contact Twilight Travel & Tours for more details.

**Increase luggage item limit (refer to p10 of policy wording).** If more space needed, please continue on a separate page.

Item description: \_\_\_\_\_ Increase the item limit by: \$ \_\_\_\_\_

Item description: \_\_\_\_\_ Increase the item limit by: \$ \_\_\_\_\_

### Declaration

- I have read and understood the Policy Wording dated 27 July 2022 that was given to me before I applied for this insurance.
- I understand that this policy does not automatically cover some Existing Medical Conditions or some known pregnancies and that some limits and policy conditions will apply.
- I understand my duty of disclosure and declare all information supplied to Cover-More is accurate and complete for myself and anyone else covered on the policy.
- I have been advised of any current Cover-More travel advice.
- I am aware that my personal information (including sensitive information where relevant ) may be used and disclosed in accordance with the Privacy Notice found in the Policy Wording.

Passenger One: \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Passenger Two: \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_