



**ID Form:**

**Title:**

**First name:**

**Last name:**

**Birth date:**

**Passport number:**

**Nationality of passport:**

**Date of issue:**

**Date of expiry**

**Email address:**

**Day time telephone number:**

**Mobile number:**

**Next of kin:**

**Name:**

**Address:**

**Email:**

**Day time telephone number:**

**Mobile number:**

**Insurance**

**Name of insurance company:**

**Your policy number:**

**Policy expiry date:**

**Emergency contact number:**

**Indemnity Form:**

**I (Full name) agree that:**

**I understand that it is a condition of booking that I must contact my insurers to confirm that the cover I have arranged is appropriate for my requirements, given the remote nature of overland travel, and that any hazardous activities I may intend to undertake are fully covered. I have read and fully accept the booking conditions.**

**Signature:**

**Date:**