



Cherry Picked TRAVEL

CLIENT DETAILS FORM

Please complete one form for each person travelling.

Return by email to info@cherrypickedtravel.com.au, by fax to (07) 3102 9375 or mail to PO Box 2471, Chermshire Centre QLD 4032

Title: _____ First name: _____ Middle name/s: _____

Last name: _____ (Name details must be written as per passport)

Known as: _____
(if different to above)

Date of birth: ____/____/____

Passport country of issue: _____

Passport expiry date: ____/____/____

Passport number: _____

Home address: _____

Postal address: _____
(if different to above)

Preferred delivery address: _____
(if different to above)

Home phone: _____ Work phone: _____

Mobile: _____

Preferred email: _____

Emergency contact:

Name: _____

Phone: _____

Mobile: _____

Email: _____

Airline membership numbers (List airline & number): _____

Car hire membership numbers (List company & number): _____

Airline seating preferences (eg. aisle/window): _____

Meal preferences: _____

Any special requests: _____

Any known medical conditions: _____

Cherry Picked Travel adheres to the Privacy Act. If you would like a copy of our Privacy Policy, please visit cherrypickedtravel.com.au or request a copy on 1300 15 91 15 or email info@cherrypickedtravel.com.au