

# OWNERS' SYNDICATE

PRIVATE VILLAS, COTTAGES & APARTMENTS IN UNSPOILT CORNERS OF EUROPE  
2008 Europe Booking Form (Part One)

Please complete all sections and return to Owners' Syndicate, Skyline House, 200 Union Street, London SE1 0LX or Fax to 020 7384 5899.

Please complete the form carefully as later changes will incur administration charges. Once we receive your signed booking form together with the deposit or full payment as applicable, we will send your confirmation invoice. Please check it carefully as anything not stated on the invoice will not be supplied.

**1 LEAD NAME:** Title Initial Surname

Address

Postcode Email

Day Tel. Evening Tel.

Emergency Mobile Contact Details of Next of Kin

**2 HOW YOU HEARD OF US:**

Newspaper or Magazine title: Internet Search Engine:

Recommended: Travel Agent: Other (please specify):

Have you travelled with Owners' Syndicate before? Yes  No  How many times:

**3 HOLIDAY DETAILS:** Destination:

Accommodation Name: Dates From: To: Duration (weeks):

**Multi-Centre Holidays Only:** Destination:

Second Accommodation Name: Dates From: To: Duration (weeks):

**4 PASSENGER DETAILS:** (PLEASE COMPLETE FOR ALL PASSENGERS INCLUDING LEAD NAME)

No.	Title	Initials	Surname	Age if under 18 or over 65 at Date of Travel	OUTBOUND				RETURN				
					Destination Airport	Date of Departure	Time of Arrival	Flight Number	Departure Airport	Date of Departure	Time of Departure	Flight Number	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

**5 ADDITIONAL SERVICES REQUESTED:** (SEE PAGES 3 AND INDICATE NUMBERS REQUIRED)

Food Hamper:  Highchair:  How Many: Cot:  How Many:

Other:  (additional maid service, cook, telephone etc - Please discuss availability with us before entering your requests).

**6 CAR HIRE** (SEE PAGES 7-12)

Car Group: No. of cars: Car Group: No. of cars:

Duration: Duration:

Start Date/Rental Location: Start Date/Rental Location:

Finish Date/Rental Location: Finish Date/Rental Location:

Name of Lead Driver: Name of Lead Driver:

No. Child Seats: No. Child Seats:

No. Infant Seats: No. Infant Seats:

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## 7 TRAVEL INSURANCE: (INSURANCE PREMIUMS MUST BE PAID ON BOOKING)

### Payable on Booking:

Please see Page 17 for details of our recommended travel insurance.

Please issue insurance for: No. of adults .....for .....days @£.....per person £.....  
 No. of children (under 18).....for .....days @£.....per person £.....  
 No. of family policies .....for .....days @£.....per family £.....  
 No. of adults (aged 66-70).....for .....days @£.....per person £.....  
 No. of adults (aged 71-75).....for .....days @£.....per person £.....

**Insurance Total £** \_\_\_\_\_

## 8 INDEPENDENT INSURANCE: (PLEASE COMPLETE IF NOT TAKING OUR RECOMMENDED TRAVEL INSURANCE)

Insurance is a requirement for all Owners' Syndicate clients. Clients not taking our recommended insurance, (by not completing box 7), must provide full details of cover or sign the disclaimer below.

"I have declined to take the Travel Insurance recommended by Owners' Syndicate and have arranged alternative cover. I hereby undertake on behalf of myself and all members of my party, to absolve Owners' Syndicate of all possible liabilities which may arise due to my decision to take out alternative cover".

Insurance Co: \_\_\_\_\_ Policy No: \_\_\_\_\_ Signature: \_\_\_\_\_

## 9 REMITTANCE: (DEPOSITS/INSURANCE PREMIUMS MUST BE PAID ON BOOKING)

### Payable on Booking:

a) Holiday deposit of 25% (30% for Italy) £.....  
 b) If within 9 weeks, full payment £.....  
 c) Insurance Total (as Box 7) £.....  
 d) Additional Payments for Services Requested eg highchairs, cots, pool heating etc. £.....  
 e) Car Hire (no deposit required) £.....

**Total Enclosed £** \_\_\_\_\_

### How To Pay

- a) By Cheque – cheques should be made payable to Owners' Syndicate or your travel agent  
 b) By Credit/Debit Card – please enter details below

**All clients, even if paying by cheque, must complete their credit/debit card details for the credit card pledge for the security deposit unless this is payable locally.**

**Credit Card Details:** Amex  Delta  Mastercard  Maestro  Visa

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Maestro Card Issue Number: \_\_\_\_\_ Valid From: \_\_\_\_\_ Expires: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Last 3 digits on reverse of card: \_\_\_\_\_

I give Owners' Syndicate authority to debit my credit card or debit card as shown below:

- a) Holiday deposit as shown and insurance premiums    
 b) Balance of holiday cost shown on invoice due 9 weeks before departure    
 (a 2% credit card charge will be levied for payment of balance only) **NB.** Failure to make total payment can result in cancellation  
 c) Security deposit charges in the event that these are incurred see below (you will be notified of any such charges)

### Security Deposit: (if not payable locally)

Any damage to any part of a villa caused by the client is the responsibility of the client and signing this form represents full acceptance of and agreement to be bound by these terms. Please be aware that you will be charged for the cost of repairs or replacement of any such damage which will be deducted from your credit/debit card. Any notified additional charges for services or bills not settled locally will also be deducted from this card.

## 10 DECLARATION

The information given in this Booking Form is correct to the best of my knowledge. I have read and understood the Booking Conditions and information detailed in The Travel Directory and in the brochure and accept them on behalf of the persons listed. I confirm I am a member of the party travelling and that I accept the prices quoted. I am over 18 years old. (Proxy signatures not acceptable unless accompanied by a client's written authorisation.)

Signature: \_\_\_\_\_

Name: (IN BLOCK CAPITALS) \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTE** Section 7 or 8 as applicable and Section 9 must be completed before signing Section 10, and returning booking form.

OWNERS' SYNDICATE SKYLINE HOUSE 200 UNION STREET LONDON SE1 0LX

PRE DEPARTURE SERVICES 020 7381 7490 FAX 020 7384 5899

www.ownerssyndicate.com