Client Booking Form

Please complete this form and return as a word document. Please complete as many sections as relevant to your request. All clients are required to complete section A and B. If you are booking your own flights section C. The information given is treated as confidential and allows us to pre-complete a china Visa application for you.

**Section A**

|  |  |
| --- | --- |
| Personal Details | |
| Full known Name |  |
| Date of Birth |  |
| Tel Number (Landline) |  |
| Tel Number (Mobile) |  |
| Email Address |  |
| Phase of Fair1/2/3 |  |
| Business Name |  |
| Business Address |  |
| Home Address |  |

|  |  |
| --- | --- |
| Passport Details | |
| Name as Printed in Passport |  |
| Passport number |  |
| Issue Date |  |
| Expiry Date |  |
| Place of Birth |  |
| Visa Passport Return Address (If Different) |  |

|  |  |
| --- | --- |
| Emergency Contact (Next of Kin for Visa Completion) | |
| Name |  |
| Tel Number (mobile) |  |
| Address (if Different) |  |
| Occupation |  |
| Relationship to yourself |  |
| **Previous Travel for Visa Application** | |
| Countries visited in last 12 months requiring visa or stamp placed in passport |  |
| Visited China Before |  |
| If so, When |  |
| Copy of previous visa available |  |

**Section B**

|  |  |  |  |
| --- | --- | --- | --- |
| Additional Trip Upgrades | | | |
| **UPGRADE OFFERED (SUBJECT TO AVAILABILITY ON BOOKING)** | **COST** | **ACCEPT** | **DECLINE** |
| Extra Legroom Seat on Flights (Each Way) | £100.00 |  |  |
| Hotel Pool View Room per Night | £18.00 |  |  |
| (Soft, Beer and House Wine)Drinks Package with Evening Meals | £59.00 |  |  |
| Extra Night on trip including hotel and Evening Meal | £160.00 |  |  |
| Local Cars to Suppliers and extra traveling if requested | POA |  |  |

**To be completed in all cases**

I certify that my current health and travel insurance plan meets or exceeds my own personal health requirements during the arranged trip by Canton Fair (UK) ltd. I understand that it is my sole responsibility to maintain the coverage required. I further understand that failure to maintain cover is at my own risk and in no way, reflects upon Canton Fair (UK) ltd. I certify that I am legally responsible for my own medical expenses and that Canton Fair (UK) ltd is not responsible for such expenses should any be occurred.

Signed:

Date:

**Section C**

Only to be completed by Customer if own flights arrangements being are made.

|  |  |  |
| --- | --- | --- |
| Airline Flight Details | | |
| **Arrival** | E Ticket Number |  |
| Airline |  |
| Flight Number |  |
| Date of Travel |  |
| Depart Time LHR |  |
| Arrival Time HKG |  |
|  | Date of Arrival |  |
| **Return** | Airline |  |
| Flight Number |  |
| Date of travel |  |
| Depart time HKG |  |
| Arrival time LHR |  |
|  | Arrival Date |  |
| **SECTION D**  Office Use Only | | |
| Visa Booking Process | | |
| Passport Return Address (see section A) | |  |
| Application Date | |  |
| Application Number | |  |
| Return Date from Embassy | |  |
| Client Received Passport | |  |

|  |  |
| --- | --- |
| **SECTION E**  Office Use only | |
| Hotel Reservation Details | |
| Number of Nights |  |
| Hotel Reservation |  |
| Confirmation to Client |  |
|  |  |
| Airport Car Transportation | |
| Car pick up Booked |  |

|  |
| --- |
| Additional Information Required |
|  |