JD WORLD HOLIDAYS™

REGISTRATION FORM

This Section is for Office use only

Package Destination _____ Form Number _____

ECR Required ☐ ☐ Date Of Reg _____

Personal Details (As per Passport)

Title | First name | Middle Name | Last Name / Surname

Date Of Birth | Age | SEX | Nationality

Passport Number | Type | Passport Expiry Date | Place Of Birth

Father Name | Mother Name | Spouse Name

Address (Current Place of Residency)

Contact Details

Mobile Number | Email ID

Alternate Mobile Number | Emergency Contact Number

Medical Information

Wheelchair Assistance Required — Yes ☐ No ☐

Medical Condition — Yes ☐ No ☐ If Yes , Specify:

Current Medications: — Yes ☐ No ☐ If Yes , Specify:

Any Allergies — Yes ☐ No ☐ If Yes , Specify:

Food Preference

Pure Veg ☐ Veg & Non-Veg ☐ Jain Food ☐ Swaminarayan Food ☐

Any Food Allergies, Specify

Other Information

Marriage Anniversary Date

Declaration

- I hereby declare that the information provided is true and correct to the best of my knowledge.
- I also confirm that I have read and agree to the terms and conditions.

_____

SIGNATURE