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| --- | --- | --- | --- |
| **C:\Users\user\Desktop\nepalindependent-guide-logo.png** | |  | | --- | |  | | **Nepal wilderness trekking Pvt. Ltd.**  **PO Box: 10989 Z street , thamel Kathmandu Nepal, Tel- fax: 977-1-4700869**  [**www.nepalwildernesstrek.com**](http://www.nepalwildernesstrek.com)[**www.nepalindependentguide.com**](http://www.nepalindependentguide.com)  **email:** [**info@nepalindendentguide.com, himalghale99@gmail.com**](mailto:info@nepalindendentguide.com,%20himalghale99@gmail.com%20) | |

Client’s Profile and Booking Form

Where did you hear about us? --------------------------Keyword (if internet)------------------------------

Leader Name------------------------------------------------------------------------------

Number of party---------------------------------------------------------------------------

Home address----------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------------------------

Phone- ----------------------------------------------Fax: ----------------------------------------------------

E-mail-------------------------------------------------------------Date of arrival:-------------------------

|  |  |
| --- | --- |
| male | female |

Nationality-----------------------------Date of birth-----------------------------

Passport number--------------------Date and place of issue-----------------------------------

Emergency contact person---------------------------------------------------------------------------------

His/Her Ph/Fax ---------------------------------------------------------------------------------------------

Date trek starts----------------------------------Date trek finishes----------------------------------------

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Visa | Mastered | Euro | US$ | NPR | Other |

Flight detail:-----------------form of payment

If you pay by credit card our bank will charge 4%

Booking conditions

Clients must have personal insurance covering accidents; helicopter Rescue, transport to medical facilities, medical expenses, emergency evacuation and loss or damage to personal affects. If you do not have this insurance coverage, by signing this form, you personally accept responsibility to cover all incurred expenses.

Insurer------------------------------------------Policy no---------------------------------------------------P/F------------------------------------------------E-mail--- -------------------------------------------------

(Insurance paper photo copy via Email attach or leave us before your trekking departure)

The Clients profile and booking form must be fully completed before any booking can be accepted. Payment in full is required prior to your trip departing Kathmandu

All valuables should be left in safe security in your hotel/guest house in Kathmandu

Non-completed trek/tours and cancellation. The company is not liable to refund any monies should the trek/tour be shortened due to injury, illness, non interest or changed weather/environmental and political conditions. If trek/tour is not completed there is no refund. If trekker cancels trek after permits, bus/air/train tickets and other arrangements etc.

Changes to itinerary, the trek/tour is organized in advance as per the set itinerary, however it may become necessary to make an adjustment/alternation due to unforeseen/unplanned circumstances. If possible, you will be advised of such changes (except minor changes) before commencement of trek/tour. Alternations to itinerary could occur due to changed weather/environmental conditions, accident, sickness, civil unrest and areas deemed off limits by security forces. While on trek/tour your guide has full responsibility to take the appropriate action he/she deems necessary.

Acceptance of conditions

I have applied to join this trek/tour and fully recognize and understand that certain risks and hazards may occur and I state that I am willing and competent to undertake  the venture. I also recognize and understand that some remote areas will have limited medical facilities and services. I recognize, understand and fully accept the responsibility and authority of the Company and the appropriate decisions/actions the Company or its representative may take.

I have read and fully understand and accept all conditions in this document.

Signature----------------                                                                                          Date: --------------------