

WESTFALEN

SAFARI QUESTIONNAIRE
One per client

In order to assist us in the preparations of your safari, please complete this form and return to us as soon as possible.

Name in full: _____

Postal Address: _____

Physical Address: _____

Cell: _____ E- mail: _____

Date of birth: _____ Passport nr: _____

Safari dates: _____

Number of PH's [1x1] / [2x1] _____ Observers: _____

Species to be hunted:

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

Renting of rifles: YES / NO _____

Medical: Do you have any medical problems, needs or physical disabilities that we should be aware of:

Food: Do you have any particular dietary requirements or likes/dislikes that we should be aware of:

Alcoholic Beverages Excluded. Please indicate your preferred local brand and quantity.

Beer _____ Wine _____ Bottled water _____

Mixes _____ Spirits _____ Diet drinks _____

Others _____

Insurance: You are not covered by insurance. Although we take every possible care, we cannot be held responsible for any accident, injury or illness that you may incur, or loss or damage to your property during your safari.

Travel arrangements: Please ensure that we receive a complete copy of your travel itinerary no less than 30 days prior to departure!

**** PLEASE ATTACH A COLOUR COPY OF YOUR PASSPORT.**

**** PLEASE E MAIL YOUR "POL 573 Application" TO: firearmairport@nampol.na [Keep proof with you]**

**** PLEASE KEEP A HARD COPY OF ALL DOCUMENTS WITH YOU AT ALL TIMES.**

Signed: _____ Date: _____