

GOLDEN DOVES PTE LTD
"DISCOVER ISRA'EL TOURS" FOR 8-DAYS.
BOOKING & PAYMENT FORM

Name: _____
(Name as written in Passport. Passport *MUST BE VALID*).

Sex: M/F _____ Nationality: _____

Race: _____

Type of Passport/Passport No: - _____

Place of Issue: _____ Date of Birth: _____

Home Address: _____

SINGAPORE H/P No: _____ Residence Tel: _____

Email Address: _____

Occupation: _____ Name of Employer: _____

TOUR PACKAGE PRICE IS AS PER ITINERARY. SEE FULL ITINERARY IN GOLDEN DOVES P.L.
WEBSITE: WWW.KOSHERGOLDENDOVES.COM INCLUDES FULL MEALS (B/L/D).
The Application to join the Tour is SUBJECT TO AVAILIBILTY & ACCEPTANCE by the
Management.

ON BOOKING:-

- 1) A Non-Refundable Check for the Full Price Per Pax
must be made PAYABLE to GOLDEN DOVES. P.L.
- 2) BOOKING & PAYMENT FORM & CHEQUE, & PASSPORT
of each Pax MUST be submitted by HAND.
- 3) ALL Other Mails must be posted to:
THE CO-CORDINATOR
Clementi Central
P. O. BOX 147
S911205

FULL NAME OF PASSENGER (as written in
Your Valid Passport)
Type of Passport:
Passport No:

Signature of Passenger

Date: