



CLIENT PROFILE FORM

Please complete a separate form for each family member. Return by fax to (04) 4999 761, by post to PO Box 32, Wellington 6140, by email to info@capital.travel, or you can drop into our office at Deloitte House, Brandon Street, Wellington.

Surname:	
First Name(s):	
Title:	

Company Details

Company Name:	
Street Address:	
PO Box:	
Telephone:	
Facsimile:	
Mobile:	
Email:	

Personal Details

Home Address:	
PO Box:	
Telephone:	
Facsimile:	



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Mobile:	
Email:	

Passport Details *(as appears on passport)*

Full Name:	
Passport Number:	
Nationality:	
County of Birth:	
Date of Birth:	
Issued at:	
Date of Issue:	
Expiry Date:	

Visa Details

Country:	
Type:	<i>(ie, Busines/Tourist)</i>
Issued at:	
Date of Issue:	
Expiry Date:	

Credit Card Details

Card Type	Card Number	Name <i>(as on card)</i>	Expiry Date
1.			
2.			



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3.			
4.			

Airline/Car/Company/Hotel Membership Details

Chain Name	Name <i>(as on card)</i>	Membership Number	Expiry Date	Pin Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Special Requirements

Preferred Seating:	Domestic:	
	International:	
Special Meals:		

The above information will be securely held by Capital Travel Ltd. You may request access to and correction of the information at any time. Capital Travel Ltd will use the information to facilitate your travel bookings and as such, may disclose the information to other parties, including airlines, rental car companies, and hotel chains.