WORLD DISCOVERY TRAVEL (M) SDN BHD

REGISTRATION FORM FOR HOLYLAND PILGRIMAGE 2018

DEPARTURE DATE:	NAME OF GROUP: STM 40 TH ANNIVERSARY
NAME :	M□ F□
Preferred Name:	ROOMMATE:
MARRIED □ SINGLE □	ROOMS: Double \square Twin-Sharing \square Single Room \square
ANY SPECIAL DIETARY REQUIREMENTS/ALLERGY:	
Do you want MSIG Travel insurance? NO□ YES□ & I am below 70 yrs old.	
•	YES□ & being above 70yrs old I agree to 50% loading
Do you intend to have flight deviations? NO□ YES□ & I would like a quote for the charges applicable	
CHURCH AFFILITATION:	
PASSPORT NO:	DATE OF BIRTH:
DATE OF ISSUE :	EXPIRY DATE :
PLACE OF ISSUE :	I/C NO:
GRANDFATHER'S NAME:	
FATHER'S NAME:	MOTHER'S NAME
MUST BE FILLED - Required by Israel	
OCCUPATION:	GOVERNMENT PRIVATE
HAVE YOU BEEN TO ISRAEL BEFORE (if yes, state the year and date of your last visit)	
CURRENT HOME ADDRESS:	
CONTACT DETAILS:	
HOUSE :	OFFICE:
*As most updates about tour will be sent through email, it is important that you supply us with one which is active. Only if you do not have an email address, will we inform you by telephone.	
STM Endorsement for subsidy:	Stamp & Sign :
☐ Full-time Student	
☐ Alumni / TEE Student	
EMERGENCY CONTACT NAME:	

- IC front & back
- Baptism Certificate or Letter from Church confirming you as a Christian
- Insurance form duly filled

PASSPORT VALIDITY MUST BE MIN. 6 MONTHS FROM DATE OF ENTRY INTO ISRAEL

Return completed forms to us by email to: christiantours@worldiscovery-travel.com

Payment must be in favour of **World Discovery Travel (M) Sdn Bhd BANK ACCOUNTS**:

MBB: 5143-1060-5118 OCBC: 701-117901-2 CIMB: 86-00148750 RHB: 2-14222-1024290-6