



Client Information Sheet

We please need this completed client information sheet emailed back to us for each client no later than 2 months before your safari dates to secure firearm import permits. Please use clearly readable block capital letters.

Please email completed and signed forms back to: info@buffaloadventures.co.za and hofmeyrhunting@gmail.com. In addition we also need the following:

- 1.) 6 x passport size photos (for hunting client and non hunting observer). If scanned please make sure the quality of the photos are good.
- 2.) Color copy of first page of your valid passport (for hunting client and non hunting observer).
- 3.) Copies of firearm permit of your country of residence for each firearm you are bringing.

Please send all requested documents asap so that we can ensure that all paperwork are ready in advance for your safari.

CLIENT DETAIL

FULL NAME: _____

HOME ADDRESS: _____

BUSINESS ADDRESS: _____

TEL HOME: _____ TEL WORK: _____

MOBILE: _____

EMAIL: _____

EMERGENCY CONTACT: _____

PASSPORT INFORMATION

PASSPORT NUMBER: _____ NATIONALITY: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DATE OF ISSUE: _____ PLACE OF ISSUE: _____

EXPIRE DATE: _____ OCCUPATION: _____

SON OF (NAME OF FATHER): _____

TRAVEL INFORMATION

ARRIVAL DATE: _____ FROM: _____

ARRIVAL FLIGHT NUMBER: _____

DEPARTURE DATE: _____

DEPARTURE FLIGHT NUMBER: _____

FIREARMS & AMMUNITION

MAKE	MODEL	CALIBRE	SERIAL NUMBER	AMMO MAKE AND AMOUNT
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** Please send exact details for firearms and quantity of ammunition as any errors will result in customs holding them back until departure. Maximum allowance of 3 firearms p/hunter and 100 rounds per calibre.*

SAFARI DETAIL

TYPE AND DURATION: _____

AREA: _____

TROPHY PREFERENCE

HIGH PRIORITY:

MEDIUM PRIORITY:

LOW PRIORITY:

OBSERVERS

NAME IN FULL: _____

NAME IN FULL: _____

NAME IN FULL: _____

NAME IN FULL: _____

NAME IN FULL: _____

DURATION WHICH OBSERVERS WILL ACCOMPANY YOU:

DATES WHICH OBSERVERS WILL ACCOMPANY YOU:

ADDRESS FOR EXPORT DOCUMENTS OF YOUR TROPHIES

NAME: _____

PHYSICAL ADDRESS: _____

PHONE: _____ EMAIL: _____

CLEARING (AGENT IF APPLICABLE)

NAME: _____

PHYSICAL ADDRESS: _____

PHONE: _____ EMAIL: _____

MEDICAL

PLEASE INDICATE ANY MEDICAL CONDITION OF IMPORTANCE:

MEDICAL EVACUATION INSURANCE:

FOOD

PLEASE INDICATE ANY DIET PREFERENCES/REQUIREMENTS ; ALLERGIES OR DISLIKES OF CERTAIN FOOD:

DRINKS

PLEASE LIST YOUR PREFERRED DRINKS (WE WILL TRY OUR BEST TO SUPPLY YOUR PREFERRED DRINKS BUT PLEASE NOTE THAT NOT ALL BRANDS ARE AVAILABLE IN MOZAMBIQUE):
