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Dedicated to Delight our Customers

## CLIENT PROFILE

To make your hunt as memorable experience as possible and to assist us in the formalities regarding your hunt, kindly complete this form and return it to us at your earliest convenience.

### PERSONAL PARTICULARS

Full name & surname: \_\_\_\_\_  
 Passport number : \_\_\_\_\_  
 Date of birth : \_\_\_\_\_  
 Sex : \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Languages spoken : \_\_\_\_\_  
 Permanent home address : \_\_\_\_\_  
 City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_  
 Country : \_\_\_\_\_  
 Contact phone (please include country & area code) : \_\_\_\_\_  
 Contact fax (please include country & area code) : \_\_\_\_\_  
 E-mail : \_\_\_\_\_

### OBSERVER(S) PARTICULARS

Full name and surname : \_\_\_\_\_  
 Passport number : \_\_\_\_\_  
 Sex : \_\_\_\_\_

Full name and surname : \_\_\_\_\_  
 Passport number : \_\_\_\_\_  
 Sex : \_\_\_\_\_

Full name and surname : \_\_\_\_\_  
 Passport number : \_\_\_\_\_  
 Sex : \_\_\_\_\_

### GENERAL INFORMATION

#### Firearms / Weapons

Make	Calibre	Serial Number	Amount of ammunition
1.			
2.			
3.			
4.			

Do you wish to hire a rifle ? \_\_\_\_\_

### Hunting preferences

Game requirements: \_\_\_\_\_

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Trophies requirements: \_\_\_\_\_

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Please rate the following in order of priority (1-5)

Accommodation and catering:

Climate:

Cost:

Trophy quality:

Quality of hunt:

Do you consider your fitness to be (Good - G), (Fair - F), (Poor -P)

Do you have any medical condition that we should be aware of (Y/N):

If so state details : \_\_\_\_\_

Will you be needing prescribed medicine during the hunt (Y/N):

*Note: Consult your doctor about an anti-malaria course.*

### Taxidermist

Do you wish to make use of a particular taxidermist (Y/N):

If so state details (name, address) :

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### Accommodation and catering

How would you like your accommodation to be arranged : \_\_\_\_\_

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Any particular or special dietary requirements : \_\_\_\_\_

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Soft and alcoholic drinks preferred : \_\_\_\_\_

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