



# VINZ TRAVELS PVT LTD

Serve with personal care & Touch

AGENT NAME & ADDRESS: \_\_\_\_\_

DATE OF PREPARING THIS REPORT: \_\_\_\_\_

| SL# | ESSENTIAL DETAILS |             |         |           |       |         | TRVL DATE | PASSPORT DETAILS |         |         | ORIGINAL DOCUMENTS(PLEASE TICK) |       |                          |                          |        |
|-----|-------------------|-------------|---------|-----------|-------|---------|-----------|------------------|---------|---------|---------------------------------|-------|--------------------------|--------------------------|--------|
|     | PASSENGER NAME    | PPT # + OLD | COUNTRY | VISA TYPE | ENTRY | URG/NOR |           | D O B            | D O Iss | D O Exp | Yellow FV                       | Polio | Edu Cert                 | Marriage/birth Cert      | Others |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |
|     |                   |             |         |           |       |         |           |                  |         |         |                                 |       | <input type="checkbox"/> | <input type="checkbox"/> |        |

REPORT PREPARED BY: Mr/Ms \_\_\_\_\_

DOCS RECEIVED BY: Mr/Ms \_\_\_\_\_

MOBILE/ CONTACT NUMBER: \_\_\_\_\_

MOBILE/ CONTACT NUMBER: \_\_\_\_\_

SIGNATURES: \_\_\_\_\_

SIGNATURES: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_