

SAFARI MINICAB LTD 146 Seven Sisters Road London, N7 7PL T: 02072636888

E: info@SafariMiniCab.com W: www.SafariMiniCab.com

Company Information	
Account No.	
Contact Name*	
Company Type	
Company Name*	
Company Number	
Address Line 1*	
Address Line 2	
Post Town	
City*	
Post Code*	
Phone 1*	
Phone 2	
Email	
Web Site	
*Mandatory Fields	



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Journey Details	
Customer Name	
Customer Phone	
Journey 1	
Pickup Time*	
Pickup Address*	
Pickup Post Code*	
Pickup City*	
Destination Address*	
Destination Post Code*	
Destination City*	

*Mandatory Fields





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Journey 2 Pickup Time	
Pickup Address	
Pickup Post Code	
Pickup City	
Destination Address	
Destination Post Code	
Destination City	
	Monday Tuesday Wednesday
Regular Booking* (Please Tick)	Thursday 🗆 Friday 🗆 Saturday 🗆
	Sunday

*Mandatory Fields





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General Information

Our Guarantee

- A driver will always be sent at reasonable time, before the agreed time in this document
- Our cars will be clean and comfortable
- If mobile phone number has been provided, details of the driver and vehicle being sent will be provided via text

Lost Property

- If you have lost any property, please contact us as soon as possible
- We will do our best contact you, if any lost property has been found
- We will keep any lost property up to 6 months, if feasible, after which time we will dispose of it

Late

- In case our driver is going to be late, we will contact the customer by text message or phone
- Our drivers are instructed to wait approx. 15 minutes, at the pickup location, if the customer is not there at the pickup time, unless otherwise instructed by customer
- If our driver is late more than 10 minutes, without any explanation, please contact us

License Number: 08340



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Declaration

You agree that Safari Minicab Limited may store and process information about you for administration purposes, for example our operator will be provide your details to our driver. Some of this information may constitute sensitive personal data under the Data Protection Act 1988. You specifically agree that we may hold and process this information provided that we have a legitimate administration or other reason for doing so.

By signing here you confirm that you agree with the above statements and indicate your consent for the information provided to be used as detailed above.

Signature*				
Print Name*				
Date*				
Payment Details				
Total Fare	Agreed Amou	nt x Number	Davs x F	Payment Scheme
Payment Scheme		Monthly [J	,
Bank Details				
Bank Name	Barclays Bank	PLC		
Sort Code	20-58-51			
Account	23250652			
*Mandatory Fields				

