**BOOKING FORM FOR VISIT AT THE MAURITIUS POSTAL MUSEUM**

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Company Name:…………………………………………………….. Contact person: …………………………………………….

Tel. no./ Cell. No. ……………………………………………………. E-mail address: ………………………………………………

No. of visitors:……………………………………………………….. Nationality: ……………………………………………………

Special request: ……………………………………………………… Tour quide requested: ………. Yes ………. No

Payment method: …………………………………………………..

*Kindly send your booking by e-mail to* [*postalmuseum@mauritiuspost.mu*](mailto:postalmuseum@mauritiuspost.mu) *or by fax on +230 213 7054*

*………*……………………………………………………………………………………………………………………………………………………..

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Special remarks: ………………………………………………………………………………………………………………………………….

Prepared by: ……………………………………… Signature: …………………………………… Date:………………..