REGISTRATION FORM

F	ull Name: Other names									
T	Telephone:									
E	Email Address:									
Residential Address:										
C	Company name:									
C	Company Address:									
State:										
Occupation:										
Nationality:										
Passport number:										
Place/Date of issue:										
Visa/Resident permit no:										
C	oming fr	om:								
N	ext Desti	ination:								
<u>S</u>	<u>ETTLEM</u> 1	ENT								
C	redit car	d:								
Cash:										
Account of:										
Other:										
	Arrival	Departure	Room	Room	No. Of	Tariff		Cashier		
			no.	Type	persons		Initials			

Arrival	Departure	Room Type	No. Of persons	Tariff	G.S.A Initials	Cashier

Billing Instructions

On signing this registration form

I/We agree that the hotel will not be held responsible for valuables left in the room/public areas of the hotel at any time to by visitors or myself. Food and beverages from outside are not allowed into the Hotel. This application is subject to the Hotel's displayed rules and regulations.

The Guest acknowledges joint and several liabilities for all services rendered until full statement of bill. Personal cheques are not accepted.

Access to room is limited to the hotel Guest, visitors are allowed subject to communication of the visitors name to reception earlier.

Visitors are not allowed after 22.00 hrs.

Management takes no responsibility for valuables left in Guest Room. Safety deposit boxes are provided without charge at the front Desk.

Check out time is 12:00 noon. Between check out time and 6.00pm extra 50% of the room rate will be charged, and full rate for departure after 6.00pm

The hotel shall not be liable for any guest property kept in the custody of any staff without the written approval of such items by the management. I shall not hold the hotel liable for any items kept with any staff when checking out without management written approval.

Signature		
	Date	