

Phone:

Email:

Guest Registration Card

**GR Card
No. :**

Personal

Name

Phone

Mobile

Address

Email

Fax

City

Country

Identity

Company Details

Company

Business Source Details

Business Source

Accommodation

Arrival Date

Dep. Date

Night(s)

Room

Tariff

Tax

Discount

Adjustment

Net

Arrival Time

Dep. Time

Pax

(A / C)

Rate Type

Total Charges

Amount Paid

Due Amount

Payment Details

Payment Type

Payment Method

Please Note

Guest Signature