

GUEST ADVISE FORM

* Completed **Guest Advise Form (GAF)** must be submitted two (2) days before guests' arrival for approval.

* The Unit Owner / SPA must provide the name and phone number of the on-site contact person to the guests in order to provide a means of communication upon arrival and for the duration of their stay at Azure North. Unit Owner / SPA is responsible for informing the guests that their presence at Azure North is subject to the House Rules and Regulations of the AZNCC.

* The Unit Owner / SPA must submit, together with the GAF, a photo / scanned copy of the guests' government- issued ID (Passport for foreign nationals) and their respective vaccination cards.

* The approved GAF will be emailed back to the Unit Owner / SPA within a maximum of 48 hours from date of receipt. It is the responsibility of the Unit Owner / SPA to provide a copy of the approved GAF to the guests, as this will be presented to security at the entrance upon arrival.

* **NO APPROVED GUEST ADVISE FORM PRESENTED BY GUESTS, NO ENTRY.**

* For Unit Owners who own a parking slot and wish to authorize the guests to use the same, please indicate your parking slot number on the designated space.

* **NO WALK-IN / ON-THE-SPOT GUESTS SHALL BE ENTERTAINED.**

Unit Owner/SPA Details:

Unit Owner/SPA Name: _____ Tower Unit No. _____ Carpark Slot No: _____

Guests' On-Site Contact Person: _____ Contact No. _____

Guest Details

(Please check the appropriate box.) ☐ STL ☐ NON-STL

Guest Advise Form No.: _____

Arrival Date: _____ Departure Date: _____ No. of Nights: _____

Arrival Time: _____ Departure Time: _____

Name of Primary Guest: 1. _____ Nationality: _____

Passport No./ID Details: _____

Address: _____

Car Model & Color: _____ Plate No. _____

Contact Number: _____ Email: _____

No. of Guests Adults: _____ Children: _____ Type of ID / ID No. _____

Names of Guest/s:	2.	3.	4.	5.	6.	7.	8.

Unit Type: ☐ Studio (4 guests) ☐ 1 Bedrooms (6 guests) ☐ 2 Bedrooms (8 guests)


Wave Pool
Schedule:

DATE	SHIFT		# OF PAX	AMOUNT
	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/>	
	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/>	
	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/>	
	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/>	

Remarks: _____

By affixing my signature below, I hereby declare that I understand and agree with the above stipulations and hereby assume full responsibility for my guests' conduct and actions, including payment for monetary penalties for violations committed, during their stay at Azure North. I also agree the Privacy Notice of Azure North Condominium Corporation and consequently give my consent to the collection of my personal data in accordance thereto.

Approved by: PMO


ARIANNA L. PEREZ

Unit Owner/SPA Signature over Printed Name/Date

Personnel Signature over Printed Name/Date

All guests are to abide by the AZNCC House Rules and Regulations. A corresponding monetary penalty shall be automatically imposed for every violation and settlement of the same must be made before the guests are allowed to leave the premises. The Management reserves the right to refuse entry and/or escort erring guests out of the property. The AZNCC, its Board of Trustees, the Property Management Office or any of its employees shall not be held liable for any untoward incident, accident, injury, loss of property, or lives that may arise from the guests' stay at the Azure North.

Primary Guest's Signature Over Printed Name / Date