

## 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