

GUARANTEED RESERVATION

Date of Issue	:												
Issuing Bank	:												
Credit Card No.	:												
CVV No. / Type of Credit Card	:		Visa / Ma	aster									
Expiry Date	:												
I hereby agree to room / function	n charge aı	mounting	to		RM								
This is to confirm that I, knowledge and voluntarily signs and expenses incurred by:	d my credi	t card (as a	above) for	the purp	ose of e							rd) ha	ive full
Package Title	: ICMS	A 2020 (2	3 & 24 No	vember 2	:020) U1	ΓAR							
Mr / Mrs / Miss	:												
Reservation ID	:												
Check-in	:												
Check-out	:												
No. of Room	:												
Room Type		ke King ject to ava	() ailability u	pon confi		xe Tw n	rin	()				
This is to authorise you to inser of the said guest / guests' stay i				d / or cap	ital stat	ed du	e for	paym	ent a	t the	expir	/	
In utilising any facilities and ser	ices of Ave	nue Garde	en Hotel										
		Function	/ Event										
	/	Accommo	odation an	d others									
Thank you.													
0 11 11 5								-			D :		
Cardholder Signature											Date		

Note: Signature must correspond with the specimen signature on the card: please enclose photocopy of the front and back of the credit card plus a copy of your I.C / Passport.

The cardholder's name, address and telephone numbers must correspond with the bank's records.