



ROOM RESERVATION FORM Non-members/Guests

Guest Name: _____ Contact Number: _____
 Company Name: _____ Others: _____

Arrival Date: _____ Flight Details: _____ Check in Time: 14:00 hrs
 Departure Date: _____ Flight Details: _____ Check out Time: 12:00 hrs

ROOM TYPE: (Subject to Availability)

- | | | |
|--|-----------------------|-------------------|
| <input type="checkbox"/> Deluxe Room | Rate per night: _____ | # of rooms: _____ |
| <input type="checkbox"/> Superior Room | Rate per night: _____ | |
| <input type="checkbox"/> Premier Room | Rate per night: _____ | |
| <input type="checkbox"/> Premier Business Room | Rate per night: _____ | |

Total Room Charges: _____
 50% deposit required: _____

ROOM PREFERENCE: (Subject to Availability)

- | | | |
|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Queen Bed | <input type="checkbox"/> Connecting Room | <input type="checkbox"/> Extra Bed* |
| <input type="checkbox"/> Twin Bed | <input type="checkbox"/> Wheelchair Friendly | <input type="checkbox"/> Baby Cot |

Others: (Pls. specify) _____
 *Extra charge of \$60+ per extra bed per night is applicable

GUARANTEE:

Please provide your credit card details to serve as guarantee for the reservation.

Credit Card Nos.: _____ Exp: Date: _____ CVV: _____

BILLING ARRANGEMENT:

- All charges to Personal Account by Cash (Singapore Dollars only) or Credit Card
- Room charges bill to company, incidental charges to guest account
(Companies with Credit Arrangement only)
- All charges bill to company (Companies with Credit Arrangement only)

CANCELLATION or NO SHOW

- a. All cancellation should be in writing.
- b. Cancellation should be advised three (3) working days prior to check in date to avoid any penalty. Cancellations done less than 3 working days before the check in date would be charged one night's cancellation fee. A written cancellation for group bookings is required with a notice period of not less than seven (7) working days. Cancellations done 1 day before the check in date cancellation charge equivalent to the total room charges shall be imposed.
- c. The Management does not accept phone cancellation.

CONFORME:

I have read and accept the above terms and conditions. I confirm that all the details relating to my reservation are true and accurate at the time of booking.

 Guest Name / Signature

To be filled up by The Residence Staff only

Reservation is:

- Confirmed Waitlist Not confirmed Cancelled Turned away

Keyed In by: _____