

| Guest name:              | Mr. / Ms. / Dr  |                                    |   |                                    |                        |
|--------------------------|---|------------------------------------|---|------------------------------------|------------------------|
| FIRST & LAST NAME        | Mr. / Ms. / Dr  |                                    |   |                                    |                        |
| GROUP NAME / BOOKING     | Mr. / Ms. / Dr  |                                    |   |                                    |                        |
| GROUP NAME / BOOKING     |   |                                    |   |                                    |                        |
| Arrival:                 |   | Flight No.:                        |   | _ ETA:                             |                        |
| Departure:               | Flight No.:   |                                    |   | _ ETD:                             |                        |
| No. of Room(s):          |   | No. of Guesto                      | (s):  | _                                  |                        |
| ROOM TYPE & DAILY F      | ROOM RATE   |                                    |   |                                    | BED TYPE               |
|                          | ,   | \$ <u>240++</u><br>\$ <u>270++</u> | ☐ Carlton Club Room*, Single ☐ Carlton Club Room*, Double   | \$ <u>340++</u><br>\$ <u>370++</u> | ☐ King ☐ Twin          |
| Inclusive of:            | Complimentary Unlim   | nited WiFi Access                  |   |                                    |                        |
| Buffet Breakfast is avai | lable at a discounted r   | rate of \$20++ per p               | person**.   |                                    |                        |
|                          | ROOMS ARE SUBJECT TO AVAIL  | ABILITY UPON CONFIRMAT             | ( PER ROOM PER NIGHT   CANCELLATION MADE LESS<br>TION   ^INCLUSIVE OF LOCAL CALLS AND MINI BAR<br>Y |                                    |                        |
| BILLING METHOD           |   |                                    |   |                                    |                        |
| Personal                 |   |                                    |   |                                    |                        |
| Credit Card Type:        | ☐ Visa ☐ Ma   | asterCard                          | Amex Diners   | JCB Uni                            | onPay                  |
| Credit Card No.:         | Date of expiry:   |                                    |   |                                    |                        |
| Remarks:                 |   |                                    |   |                                    |                        |
| PLEASE NOTE              |   |                                    |   |                                    |                        |
| Check-in time:           | 1400hrs   |                                    |   |                                    |                        |
| Late Check-out:          | Any request for late check-out is subject to availability. Late check-out from 1200hrs to 1800hrs can be extended at 50% of quoted room rate; thereafter a full day rate will be applicable, subject to room availability.  |                                    |   |                                    |                        |
| Pre-block:               | An additional one night charge is levied for any room guaranteed for early availability before 1400hrs. Kindly indicate if this is required.  |                                    |   |                                    |                        |
| Guarantee:               | A valid credit card or cash deposit is required as guarantee upon confirmation. In the event of no-show, a full duration charge will be levied. Non-guaranteed rooms will be released at 1600hrs daily.   |                                    |   |                                    |                        |
| Early Departure:         | An early departure fee will be charged to any guest who checks out of the hotel before the scheduled departure date. To avoid paying the early departure fee, all guests should inform any changes in departure date 24 hours prior to the scheduled departure date or at check-in. |                                    |   |                                    |                        |
| Limousine:               | Limousine transfer of arrangement is requ   | -                                  | charge is applicable for arrangement bet  | ween 2200hrs to 0700               | Ohrs. Please advise if |
|                          |   |                                    |   |                                    |                        |
|                          |   | _                                  | SIGNATURE & COMPA   | ANY STAMP                          | DATE                   |
|                          |   | _                                  | DECEDVATION CON   | IFIDMED DV                         | DATE                   |