

**REGISTRAION FORM**

**ARRIVAL DATE: DD-MM-YYYY DEPARTURE DATE: DD-MM-YYYY**

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| --- | --- | --- | --- | --- |
| Name: Mr./Mrs./Miss/Dr.  (Please underline Family Name) | Suite / Room No: | | | |
| Marital Status:  Nationality:  Date of Birth:  Passport No:  Expiry Date:  Date/Place of Issue: | Guest Home Country Address: | | | |
| Name of Company  Designation / Profession  Office Tel No | In Case of emergency please contact  Name  Tel | | | |
| Billing Instructions  Payment Method  Card No  Expiry Date | Forwarding Address | | | |
| Name of Occupants | | Relationship | Date of Birth | Passport No |
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I / We have checked the conditions of the apartment / room and acknowledge receipt of the following.

1. Number of Key(s) / Key card (s)
2. Conditions of tenancy (with rules and regulations attached)
3. Inventory Lists.

Note:

The (PROPERTY NAME) is not responsible for items lost or misplaced in the apartments. For security reasons personal safes are provided in each apartment. Kindly Inform front office of any changes in the above information

Guest Signature Date