

RESERVATION FORM

GUEST NAME

| CHECK IN DATE |  | TEL NO EMAIL ADDRESS | MOBILE No |
| :---: | :---: | :---: | :---: |
| CHECK OUT DATE |  |  |  |
| NO. OF ROOM REQUIRED : |  |  |  |
| Standard Room without Window | [Twin Beds] | [ RM 80.00] |  |
| Standard Room with Window | [Queen Bed] | [ RM 100.00] |  |
| Triple Room | [Queen \& Single Bed] | [ RM 160.00] |  |
| Family Room | [Queen \& Queen Bed] | [ RM 220.00] |  |

*Rate is nett per room per night inclusive breakfast for Two (02) person at Standard Room, Three (03) person for Tripe Room and Four (04) for Family Room

| BOOKING BY |  |  | TEL No |  |
| :---: | :---: | :---: | :---: | :---: |
| GUEST SIGNATURE |  |  |  |  |
|  | i. Deposit | : A non-refundable One (01) | osit required with | ourteen (14) days upon confirmation of reservation |
|  | ii. Full Payment | : Total outstanding balance is | be made Fourtee | ) days prior to arrival date |
|  | iii. Account No | : 502072-140018 |  |  |
|  | iv. Payment To | : PUJAAN PASIFIK SDN BHD |  |  |
|  | v. Bank Name | : MALAYAN BANKING BHD |  |  |
|  | vi. SWIFT CODE |  |  |  |

PAYMENT VIA CREDIT CARD ONLY (Please fill up attached Credit Card Autorization Form and return to us duly signed complete with a copy of both side of the card) REMARKS

