

## ROOM RESERVATION FORM AT AMES HOTEL MELAKA

KINDLY COMPLETE DETAILS AND EMAIL TO - reservation@ames-hotel.com

From:	NRIC/PASSPORT:		Date:	
Mobile :		Email:	k	
Name of Guest(s) :	(1)			
	(2)			
Arrival Date :	Check-in time : 3pm			
Departure Date :	Check-out time : 12Noon			
ROOM RATES	Room Type		No of room (s)	No of guest (s)
	<b>DELUXEROOM (Roomwith 1 or 2</b> <b>Breakfast)</b> RM 220 nett per/room/night			
	* Foreign tourist will be subject to Tourism Tax of RM10 per room per night.			
Payment Options: Guaranteed By: For credit card, please present same card upon check-in.	Credit Card / Debit Card: []Mastercard [] VISA Card Number: Expiry Date: 3-digit CVC number:			
For <b>bank transfers</b> , please email us the bank transaction slip for verification to <u>reservation@ames-</u> <u>hotel.com</u>	[] Bank Transfer (Full Pre- payment)			
	Account NamePlentifield Marketing Sdn BhdCurrent Account No3211019227Bank NamePublic Bank Berhad			
Special Request (subject to availability)	[]King-bed [	]Twin-bed		
Remark	Guest will be responsible for any claims made by the Hotel for loss on exchange arising from accounts settled by foreign currency.			

Conditions:

• Any benefits not taken advantage of will not be redeemable for future stay. All rates are inclusive of 6% Sales & Service Tax. Please be informed that our check-in time is after 15:00 hours local time, and check-out time is before 12:00 noon.

Cancellation and Non Arrival policy:

• In the event of a cancellation made within 1 day (24 hours) prior to the arrival date, the reservation will subject to a one night cancellation fee. No Show will carry a full nights charge penalty. The fee will be debited to the guest's credit card.

We hope the arrangement meets your requirement. Please do not hesitate to contact us should you require any further information or assistance. Thank you for your reservation, and we look forward to hearing from you and to welcoming to Ames Hotel Melaka.

I hereby agree to guarantee the accommodation booking via credit card / debit card / bank transfer as above.

For office use only:

Authorized Signature Cardholder's Name:-

Confirmed By :			
Confirmation No:			

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