|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  |  |  | Hotel Name | |  |
|  |  |  | **Registration Card** | |  |  |  | Address |  |  |
|  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |
| Slno : |  |  |  | |  |  |  | Resvno: |  |  |
|  |  |  |  | |  |  |  |  |  |  |
| **Guest Name :** | |  |  | |  |  |  |  |  |  |
| **Address** |  |  |  | |  |  | | |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
| Company: | |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
| Room No: | |  | Room Type : | | |  |  |  |  |  |
| No of Adults | |  |  |  | |  |  |  |  |  |
| Room Rate | |  |  |  | |  |  |  |  |  |
| Date of Arrival : | |  | Date of Departure: | | |  |  |  |  |  |
| Billing Inst. | |  |  |  | |  |  |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |
| **Passport Details** | |  |  |  | | **Visa Detials** | |  |  |  |
|  |  |  |  |  | | Visa No: |  |  |  |  |
| Passport Number : | |  |  |  | | Date of Issue | |  |  |  |
| Date of Issue | |  |  |  | | Place of Issue | |  |  |  |
| Place of Issue | |  |  |  | | Date of Expiery | |  |  |  |
| Date of Expiery | |  |  |  | | Type of Visa : | |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |
| **Credit Card Details** | |  |  |  | |  |  |  |  |  |
| Visa |  | Master |  | Amex | |  | Other |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |
| CC no |  |  |  | Expiery | |  |  |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |
| Hotel Policies :- | |  |  |  | |  |  |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |
| 1) |  |  |  |  | |  |  |  |  |  |
| 2) |  |  |  |  | |  |  |  |  |  |
| 3) |  |  |  |  | |  |  |  |  |  |
| 4) |  |  |  |  | |  |  |  |  |  |
| 5) |  |  |  |  | |  |  |  |  |  |
| 6) |  |  |  |  | |  |  |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |
|  | Duty Manager | |  |  | | Guest Signature | |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |
|  | ---------------------- | |  |  | | --------------------- | |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |
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