

FORM FOR GUEST INFORMATION + DISCLAIMER + PAYMENT VIA CREDIT CARD OR EFT

Dear Guest

The following information is required to ensure the accurate processing of your booking, your smooth check-in on arrival and for record and security purposes. Please complete the form and return it to us with a copy of either your ID document/passport/drivers licence. Alternatively, please have such ID available when you check in.

A. GUEST INFORMATION			
Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
Address	<input type="text"/>		
Address (Town/City)	<input type="text"/>	Postal code	<input type="text"/>
Telephone (w)	<input type="text"/>	Identity Number	<input type="text"/>
Telephone (h)	<input type="text"/>	Vehicle Reg. Nr.	<input type="text"/>
Cell nr.	<input type="text"/>	Nationality	<input type="text"/>
E-mail address	<input type="text"/>		
DURATION OF STAY			
Date of arrival	<input type="text"/>	Departure	<input type="text"/>
		Total nights	<input type="text"/>
Number of adults	<input type="text"/>	Nr of children	<input type="text"/>
		Children's ages	<input type="text"/>
B. DISCLAIMER			
Karoo Art Hotel accepts no responsibility for any death, injury or illness sustained or suffered by any person/s or theft or the loss to any property, occurring within or arising from a visit to the hotel, however caused, whether due to negligence of Karoo Art Hotel, or any of its employees or agents, or arising from the use of any facilities provided or made available. By completing and submitting this form I accept this disclaimer in respect of every person booked under this reservation.			
C. CREDIT CARD AUTHORISATION			
I, hereby authorise the Karoo Art Hotel to debit my credit card account with the amount of:			
R	<input type="text"/> (..... Rand)		
Type of card:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master	Card nr: <input type="text"/>
Expiry date:	CVV Nr. (3 numbers at back of card): <input type="text"/>		
Date:	Signature:		
NB! PLEASE E-MAIL OR FAX, TOGETHER WITH THIS COMPLETED FORM, A COPY OF THE FRONT AND BACK OF YOUR CREDIT CARD TO ENABLE US TO CONFIRM THE INFORMATION PROVIDED.			
D. BANK ACCOUNT DETAILS FOR EFT PAYMENT			
Account Name: Karoo Art Hotel			
Bank Name: RMB Private Bank (for internet banking kindly select FNB/First National Bank)			
Branch Name: Cape Town			
Branch Code: 202709			
Account No. 62595336704			
NB: When making payment via EFT, please forward proof of payment per e-mail (reservations@karoosarthotel.co.za) or per fax (086 659 3880)			

PHYSICAL

30 Van Riebeeck Street
Barrydale 6750
Western Cape Province
South Africa

POSTAL

PO Box 25
Barrydale 6750
Western Cape Province
South Africa

CONTACTS

Tel: +27 (28) 572 1226
Fax: +27 (86) 659 3880
info@karoosarthotel.co.za
www.karoosarthotel.co.za