



Labadi Beach Hotel

CMT SINGAPORE

ACCOMMODATION REQUEST FORM

GROUP CODE: CMT/240418

(Guests must quote this code)

24th to 26th April 2018

- **NAME OF GUEST:** _____

- **ROOM:**
Superior Room: Single Occupancy: **\$250.00** / double occupancy **\$280.00**
Luxury Room: Single Occupancy: **\$290.00** / double occupancy **\$320.00**
Superior Suite: Single/Double Occupancy: \$500.00
Executive Suite: Single/Double Occupancy: \$700.00
Presidential Suite: Single/Double Occupancy: \$1,500.00
(Underline room and occupancy required)

- **ARRIVAL DATE:** _____

- **DEPARTURE DATE:** _____

- **AIRPORT TRANSFER:** Yes/No (Give flight details if YES): _____

- **PAYMENT MODE:** (We accept American Express, Visa, Master Cards, Bank Transfer or Cash)
(Underline payment mode)

- **BOOKED BY:** _____

- ✓ **ATTACHED:** Credit Card Authorisation Form and our USD Bank Account Details

CUT-OFF DATE: 28th March 2018

Rooms will be subject to availability after cut off date

Guest must make and guarantee rooms by the stated date

PLEASE NOTE:

1. Should you wish to use a credit card to guarantee booking, please complete the attached credit card authorization form and return via email (labadi@legacyhotels.com & labadigroups@legacyhotels.com) together with a copy of the front and back of the Credit Card and an ID of the card owner?

2. Should you wish to use a wire transfer to guarantee booking, we require the original deposit or EFT transaction slip to be emailed to the following email addresses: labadi@legacyhotels.com and or qbobbey@legacyhotels.com.



CREDIT CARD AUTHORISATION FORM

I, _____, hereby authorize The Labadi Beach Hotel to debit my credit card for the amount of \$ _____, being the deposit required to guarantee reservation number. I will be settling the account for the following services:

- Room Only
- Bed & Breakfast
- Full Account
- Pre Arrival Shopping Expenses
- Other Billing Instructions

My Card Details are as follows:

Card Type : _____

Card Holder's Name : _____

Card Holder's ID Number : _____

Card Holder's Telephone Number : _____

Card Holder's Business Address : _____

Card Holder's Home Address : _____

Card Account Number : _____

CVC No. (last 3 digits on back of card) : _____

Expiry Date : _____

Authorized Signature : _____

Once completed please return by email (labadi@legacyhotels.com) together with a copy of the front & back of the credit card and the signatory's ID.



Labadi Beach Hotel
ACCRA - GHANA

BANKING DETAILS FOR THE TRANSFER OF FUNDS



HOTEL INVESTMENTS (GHANA) LIMITED
USD ACCOUNT NO. 87015/022457/00
STANDARD CHARTERED BANK GHANA LIMITED
P.O. BOX 768
HIGH STREET, ACCRA, GHANA.
SWIFT CODE: SCB LGHAC

**PLEASE ALWAYS SEND A COPY OF THE BANK TRANSFER
ADVICE TO THE ATTENTION OF:
THE FINANCIAL CONTROLLER
DIRECT FAX NUMBER: 00233 302 778574
EMAIL ADDRESS: gbrobbey@legacyhotels.com**

