



**RIVERSIDE
MAJESTIC**
ASTANA WING
by HEMISPHERE

Malaysia English Language Teaching Association
Booking form : 12th August to 16th August 2019

Attention :

Pauline Chong
Kuching Central Sales Office
c/o Grand Margherita Hotel
Jalan Tunku Abdul Rahman
93100, Kuching
Tel : 60 82 532 111
Fax : 60 82 236 041
Email : Pauline@centraloffice.my

RESERVATION DETAILS :

TYPE OF ROOM	ROOM RATES	NO OF ROOMS
Superior Single city view	RM 230.00 nett per room with breakfast for 01 person	
Superior Twin city view	RM 250.00 nett per room with breakfast for 02 person	

Goods & Service Tax

The above rates offered are based on the current government taxation policy. In the event of change, the Hotel reserves the right to amend any rates quoted accordingly to reflect the new tax rate gazette by the Malaysian Government

FULL NAME : _____
SHARER NAME : _____
Arrival date : _____ Departure Date : _____
Flight details : _____ Flight Details: _____
COMPANY NAME _____
ADDRESS : _____
CITY : _____ Country : _____
NATIONALITY : _____ Passport number : _____
CONTACT NO : _____ FAX : _____

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RIVERSIDE MAJESTIC HOTEL ASTANA WING
Jalan Tunku Abdul Rahman, P.O. Box 2928
93756 Kuching, Sarawak, Malaysia
T: +6082 532 222 | F: +6082 425 858
contact@rmh.my | reservations@rmh.my | meetings@centraloffice.my
<http://astana.riversidemajestic.com>

Owned by Sejadu Sdn Bhd - Co. No. 170777-M
A member of SEDC Sarawak Group of Companies



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EMAIL : _____

My account will be settled by :

Credit Card : Amex () VISA () MASTER ()

Credit card payment usage :

Card Holder : _____

Card Number : _____

Expiry Date : _____

Security code : _____

For telegraphic transfer refer below the following bank details :

Payee Name : SEJADU SDN BHD
Name of Bank : HONG LEONG BANK BERHAD
Address : Lot 122-123 Jalan Song Thian Cheok, 93100, Kuching Sarawak
Account Number: 364-0000-3900
Bank Swift Code : HLBBMYKL

Note

The above credit card will be use for guaranteed booking and should guest like to make full payment via credit card, kindly use the credit card authorization form as attach for Hotel to charge from the details provided .

Dear Guest , Please take note below the following :

1. Check In time will be after 4.00pm
2. Check Out time will be 12.00noon
3. Your complete address is required by law under the Hotel Licensing Regulation



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4. I agree that I am personally liable for the payment of the above statement and if the person company or association indicated by me as responsible for payment does not do so, I shall be liable for the full payment .
5. Full cancellation charges will be levied for guaranteed reservation , if cancellation less than 07 days or failing to inform the hotel of No – Shows
- 6 Amendment to room reservation must be make 48 hours prior to arrival date and if fail to do, hotel has the right to charge 01 night cancellation for guaranteed reservation .

I hereby agree with the above mention and confirm my reservation as below signature and company stamp:

Signature : _____

Company stamp: _____

Date : _____