

IMPERIAL GROUP OF HOTELS LTD

T/A : Imperial Botanical Beach Hotel

Plot No. M79, Lugard Avenue, P.O.Box 90. Entebbe, Uganda TEL. 256 41 320800, 031 264800 Fax: 256 41 320832 E-mail: information@ibbhotel.com

GUEST REGISTRATION CARD NO.

| | | |
|---------------|---------|-------------|
| NAME: | | |
| (Last) | (First) | (Initial) |
| Designation: | | Occupation: |
| Organisation: | | |
| Address: | | |

| | | |
|---|----------------|-----------|
| No. of Persons: | Adults: | Children: |
| Date of Birth: | Anniversary: | |
| Arrived From: | Proceeding To: | |
| Arrival Date: | & Time: | |
| Departure Date: | & Time: | |
| Purpose of Visit: ♦ Company Work ♦ Own Business ♦ Conference ♦ Group Tour ♦ Tourist / Holiday ♦ Others | | |

| | |
|-------------------|--------------------------------------|
| Mode of Payment: | ♦ Cash ♦ Company ♦ Travellers Cheque |
| ♦ Credit Card No. | |
| ♦ Expiry Date | |

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| 1) | THE MANAGEMENT DOES NOT TAKE RESPONSIBILITY FOR THE LOSS OF VALUABLES LEFT IN THE ROOM. |
| 2) | CHECK-IN AND CHECK OUT TIME IS 12' NOON AND ANY EXTENSION OF STAY MUST BE RE-CONFIRMED WITH THE DUTY MANAGER |
| 3) | I HAVE GONE THROUGH THE TERMS AND CONDITIONS GOVERNING MY STAY IN THE HOTEL AND AGREE TO ABIDE BY THEM. |
| GUEST SIGNATURE | |

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| FOR FOREIGNERS ONLY: | |
| NATIONALITY: | |
| PASSPORT NO: | |
| DATE OF ISSUE: | PLACE OF ISSUE: |
| PROPOSED DURATION OF STAY IN UGANDA: | |

| | | |
|-----------------------------|------------|--------|
| FOR OFFICE USE ONLY: | | |
| ROOM No. | ROOM TYPE: | |
| ROOM RATE: | TAX: | |
| ADULTS: | CHILDREN: | EXTRA: |
| BOOKED BY: | TEL: No: | |

| | |
|--------------------------------------|---------|
| BILLING INSTRUCTIONS/ADDRESS: | |
| RECEPTION | MANAGER |