

BOOKING INFORMATION

PASSENGER NO. 3

Full Name (as it appears in your ID):

Date of Birth:

Age:

Address (Street/City/State/Zip):

Phone Number:

Email Address:

Loyalty Programs:

Loyalty No. 1:

Loyalty No. 2:

Passport (Name as it appears):

Passport No.:

Issued date/Expiry date:

Emergency Contact:

Phone No.:

Alt. Contact No.:

Preferred Room Type & Beds (Single/Double-King/Queen):

No. of Guest in Rooms:

Additional Request:

Any restrictions or diet needs that we need to know:

PASSENGER NO. 4

Full Name (as it appears in your ID):

Date of Birth:

Age:

Address (Street/City/State/Zip):

Phone Number:

Email Address:

Loyalty Programs:

Loyalty No. 1:

Loyalty No. 2:

Passport (Name as it appears):

Passport No.:

Issued date/Expiry date:

Emergency Contact:

Phone No.:

Alt. Contact No.:

Preferred Room Type & Beds (Single/Double-King/Queen):

No. of Guest in Rooms:

Additional Request:

Any restrictions or diet needs that we need to know: