

SHANTI MAURICE

RESORT & SPA

REGISTRATION FORM

	Check in		Check out	Room Number	
Name	First Name	Title	Accompany Name	First Name	Title
Passport Number			Passport Number		
Nationality			Nationality		
Date of Birth			Date of Birth		
Wedding Date			Special Request		
ADDRESS			CHILDREN DETAILS	Child 1	Child 2
City			First Name		
Postal Code			Passport Number		
Street			Date of Birth		
Country			Arrival Flight Number	Time	Date
Email			Departure Flight Number	Time	Date
Telephone Number			Would you like to book your Transfer per way?	Standard Car at EUR 65 <input type="checkbox"/>	Local Taxi at EUR 55 <input type="checkbox"/>
Mobile Number				Superior Car at EUR 100 <input type="checkbox"/>	Audi Q7 BMW 3 at EUR 185 <input type="checkbox"/>
Payment Mode	Cash <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Additional Service	BMW X5 at EUR 145 <input type="checkbox"/>	BMW 7 EQUIVALENT at EUR 55 <input type="checkbox"/>
Credit Card	Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>	Food Restrictions		
	American Express <input type="checkbox"/>	JCB <input type="checkbox"/>	Remarks		
Credit Card Number					
Name on Credit Card			HOW HAVE YOU HEARD ABOUT SHANTI MAURICE		
Expiry Date			Website <input type="checkbox"/>	Friends <input type="checkbox"/>	
CW			Travel Agency <input type="checkbox"/>	Publication <input type="checkbox"/>	
			Social Media <input type="checkbox"/>	Other <input type="checkbox"/>	

Debit Cards & Cards Settlement Debit and credit cards will be authorised at check in for an amount to cover incidentals. The authorisation will hold the funds until check out, at which time the amount actually incurred during the stay will be charged. Authorised amounts may take up to 30 days after departure to be released by your bank or financial institution and the hotel will not be responsible for any resulting fees or charges. Shanti Maurice will use your information for administrative and marketing purposes. We will need to disclose your information to our service provider for these purposes. By completing this form you consent to the transfer of your information to our administrative offices. If you do not want to be contacted for marketing purposes, please tick this box.

All the information you give is voluntary. You have the legal right to apply for a copy on the information we hold on you and correct any inaccuracies as well as to object against its use for direct marketing or research purposes.

I/We hereby release and forever discharge (Shanti Maurice) and its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns. (Collectively the 'Released Parties') of and from all claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to myself or my property or in respect of any third party claim howsoever caused, arising or to arise by reason of or during my stay at the hotel, unless any claim may have caused or contributed to by the gross negligence or willful neglect in the performance by the released parties of their obligations.

I/We acknowledge having taken cognizance of the conditions on this page which shall govern my/ our relationship with Shanti Maurice.

Guest Signature _____ Guest Signature _____ Date _____

Check in done by _____

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GUESTS' CHECK IN HEALTH DECLARATION FORM

To ensure the health and safety of our guests, we thank you in advance for accepting to fill in this Health Declaration form. We also request your permission for the hotel staff to measure your body temperature using a non-invasive Infrared thermometer.

1. Have you visited any of the following listed countries in the last 14 days, please tick or list as appropriate.

CHINA		VIETNAM		JAPAN		SINGAPORE	
KOREA		MALAYSIA		HONG KONG		NEPAL	
ITALY		INDONESIA		MACAU		THAILAND	
IRAN		TAIWAN		USA		AFRICA	
INDIA		SPAIN		UK		RUSSIA	
Other countries							

2. Are you suffering from any of these symptoms, please tick as appropriate.

FEVER		COUGH	
SORE THROAT		BREATHING DIFFICULTIES	

3. Body temperature, as checked by hotel staff: _____ C | Time of checked: _____

If you have travelled to any of the countries listed or your answer is 'yes' to either of the symptoms or if your body temperature is higher than normal, you will be subject to a brief medical test by an authorized medical examiner. We apologies for any inconvenience that this may cause and are grateful for your support.

GUEST SIGNATURE

4. This section will be filled by our hotel team

SURNAME		OTHER NAMES	
NATIONALITY		PASSPORT NO.	
STAFF NAME		GUEST CONTACT NO.	
DATE		EMAIL ADDRESS	

Shanti Maurice Resort & Spa hereby request your permission to fill in the above form for the health & safety of its guests and of its employees. Thank you