

UUM/SAC/06



TAMAN SISWA
UNIVERSITI UTARA MALAYSIA
BANDAR DARULAMAN
06000 JITRA
KEDAH DARUL AMAN

REGISTRATION FORM

RESERVATION :
ROOM NO :
ROOM RATE :
ARRIVAL :
DEPARTURE :
NO. OF GUEST :
CLERK :

NO. :

NAME :

ADDRESS :

TELEPHONE NO. :

PASSPORT/I.C NO :

COMPANY:

OCCUPATION:

NATIONALITY:

I WILL DEPART ON

CAR/PLT NO:

PAYMENT METHOD:

COMPANY CHARGE :

REMARK

I agree that I am personally liable for payment of the following statement and if the person, company or association indicated by me as being responsible for payment of the same does not do so, that my liability for such payment shall be joint and several with such person, company or association.

I understand safety deposit boxes are provided free of charges do my usage and the management will not be responsible for valuables left or lost in the room.

Our check out time is 12.00 noon.

GUEST SIGNATURE
