

# HOTEL RESERVATION FORM FOR "National Tax Conference 2019 @ Kuala Lumpur Convention Centre" "5 & 6 August 2019"

# Sheraton Imperial Kuala Lumpur Hotel

# Guest's Information

Name	:							
	(First N	(ame)	(Last Name)					
Salutation	: Mr/Ms/	Mrs / Dr						
Identity card / Passport number	:							
Telephone number	:							
	(Mok	oile)	(Office)					
Email address	:							
Company name	:							
Billing address	:							
Reservation Requirer	ments							
Arrival Date								
Departure Date								
Arrival Details								
	Date	Flight Number	ETA					
Departure								
	Date	Flight Number	ETA					
Room Type	□ Deluxe Room – <b>MYR 330.00nett</b> (room inclusive of one breakfast and internet access)							
	☐ Deluxe Room – <b>MYR 360.00nett</b> (room inclusive of two breakfasts and internet access)							
No of person								
Bed Type Preference Preferred Room	e □ King Bed □ Smoking	□ Twin Bed □ Non Smd						
*Above request is su	bject to availability.							



#### Remarks for Room Accommodation:

- Hotel standard check-in time is at 3pm and standard check-out time is at 12noon.
- Cancellation less than 14 days prior to check in date will be charged in full. The cancellation must be notified in within written form and acknowledge by the Hotel.
- Taxes, levies or charges are subject to change in accordance with Malaysian Government legislation
- Room bookings and special requests are subject to availability.

# Payment Instructions

conversion losses.

All charges on guest's own account. Credit Card details for guarantee purpose only.
Credit Card Number
Expiry Date
ID Number
Issuance Bank
<u>Payment by Cheque</u> All payments by cheque should be addressed to "INTER HERITAGE (M) SDN BHD".
Payment by Telegraphic Money Transfer
Bank Account Details  Beneficiary Name : INTER HERITAGE (M) SDN BHD  Account No. : 305 - 435 604 - 101  Bank Name : HSBC Bank (M) Berhad  Bank Address : No 2, Leboh Ampang 50100 Kuala Lumpur  Swift Code : HBMBMYKL  Bank Code No. : 305
Please send a copy of the bank draft or TT by fax +603 2721 2997 for our file records.

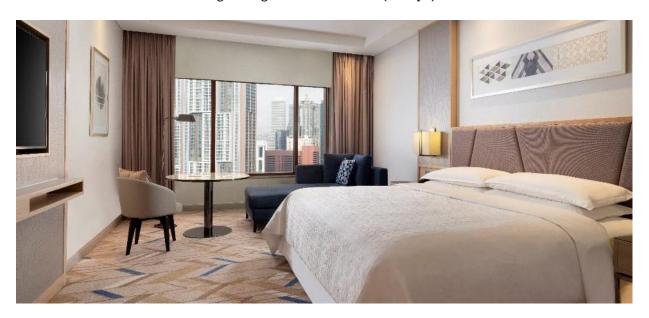
Please note that you are responsible for all bank transaction charges and currency





## **LOCATION**

- Strategically located at Jalan Sultan Ismail heart of the city and next to The Row (1940s heritage shop houses transformed into stylish pubs, bistros, restaurants, shops and event space)
- 1-hour drive from KLIA airport
- 10-min drive to KLCC Convention Centre
- 2-min walk to Monorail Medan Tuanku station to Bukit Bintang (3 stops)
- 5-min walk to LRT Dang Wangi station to KLCC (2 stops).



#### **ROOM**

- Fully Refurbished Hotel in December 2018.
- 398 rooms from 21st to 38th Floor (high floors good view).
- Smoking Floor: 26th and 36th Floor
- Spacious 42 sq.m Deluxe Room with walk-in wardrobe
- Complimentary 200mbps WiFi internet network.
- Lift Access card to dedicated room floor (for security)



## Payment by Credit Card

Please provide credit card authorization for room booking. Please forward the complete Hotel Booking Form to Reservation Department at  $\underline{SIKL.Res@starwoodhotels.com}$  /or by fax to  $+603\ 2717\ 9955$ 



Third Party Credit Card Authorization Form

This form has been created in order to allow you to have third party expenses charged to your credit/debit card. <u>I understand that the hotel is not required to accept this form and the guest should check with the hotel to ensure they accept third part transactions.</u> Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to Sheraton Imperial Kuala Lumpur Hotel at +603 2721 2997. Please do not hesitate to contact us at +603 2717 9900 for more information.

FOR SECURITY reasons, Marriott International conforms to all Payment Card Industry (PCI) standards.

CARDHOLDER INFORMATION Name as it appears on the o		<u>1</u>					
Card Type:	a MC	Ame	x	Diners/CB	Disco	ver JCB	
	vidual - Debit / D	Credit	Comorate -	Company Name			
Issuing Bank:							
Account Number:				Exp. I			
Address (statement):							
City, State, Zip:							
Phone Number:			Fax or	r Alternate Num	her:		
Thouse I value of .				The state of the s			
GUEST INFORMATION Guest Name:	- Required						
Address:							
City, State, Zip:							
Company:							
Phone Number:			Fax or	r Alternate Nun	iber:		
Confirmation Number:			Arrival Date	2:	Dep	arture Date:	
Relation to Cardholder:	Relative	Friend	Business	s Associate	Other		
I understand that should there during my stay. Departure dat					ill be respon	sible for all expenses incurred	
Guest Name: (Printed)							
Guest Signature:					Date:		
RATE INFORMATION A	ND APPROVED C	HARGES - Requir	ed				
Room Rate:*	Taxes:*	Total Da	aily Rate:*		Number	of Nights:	
*(Rate and tax amount must be		_	•				
All Charges	Room & Tax	☐ Telephoi	ie (LD)	Telephon		Restaurant	
	☐ Valet/Laundry			HS Intern	et Access	Movies	
Other							
I certify that all information is as indicated in the Rate Inform must not exceed MYR_ his/her stay. I certify that I am	nation and Approved Ch for the entir	narges section of this : re stay/event. I under	form by proces stand that a ne	ssing a charge to	the credit/del		
Cardholder Name: (Printed)							
Cardholder Signature:		Date:					

Please do not send a photocopy of the front or back of your credit card.

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