



Labadi Beach Hotel

ACCOMMODATION REQUEST FORM



GROUP CODE: AIM2019

(Guests must quote above code)

25TH -28TH OCTOBER 2019

- **NAME OF GUEST:** _____
 - **ROOM:**
Superior Room: Single Occupancy: **\$190.00** / double occupancy **\$220.00**
(Underline occupancy required)
 - **ARRIVAL DATE:** _____
 - **DEPARTURE DATE:** _____
 - **AIRPORT TRANSFER:** Yes/No (Give flight details if YES): _____
 - **PAYMENT MODE:** (We accept American Express, Visa, Master Cards, Bank Transfer or Cash)
(Underline payment mode)
 - **BOOKED BY:** _____
- ✓ **ATTACHED:** Credit Card Authorisation Form and our USD & Ghana CEDI Bank Account Details

PLEASE NOTE:

For Room Reservations Please Email : labadi@legacyhotels.com

1. *Should you wish to use a credit card to guarantee booking, please complete the attached credit card authorization form and return via email (labadi@legacyhotels.com) together with a copy of the front and back of the Credit Card and an ID of the card owner.*
2. *Should you wish to use a wire transfer to guarantee booking, we require the original deposit or EFT transaction slip to be emailed to the following email addresses: labadi@legacyhotels.com*



Cancellation Policy per Booking:

Cancellations - for two or less rooms - within 48 hours prior to arrival will be subject to a full cancellation fee of the value of the accommodation booked.

Cancellations - for three to nine rooms - within seven days prior to arrival will be subject to a full cancellation fee of the value of the accommodation booked.

Cancellations - ten rooms or more, group cancellation policy will apply.

1. Guaranteed reservations will be held for first night only, after which the accommodation will be released.
2. Rates may be subject to change.
3. Further terms and conditions may apply.

Please note the below:

Please note that all rates include VAT @ 17.5% plus 1% Tourism Levy applicable presently in Ghana.

Payment Options

Your reservation remains provisional and will be cancelled unless guaranteed with one of the following:

1. Direct Bank Deposit / EFT Transfer

Bank Account Details:

Account Name: Hotel Investments (Ghana) Limited
Name of Bank: Standard Chartered Bank Ghana Limited
Account Number: 87015/022457/00
Swift Code: SCBLGHAC
Reference Number: 8650963

Please e-mail the deposit slip / proof of payment to labadi@legacyhotels.co.za
(Full Accommodation amount for entire stay to be paid)

2. Credit Card Authorization Form (attached)

Airport Transfers

Should you wish to make use of this service please complete the information below and return via email or contact our Reservation Department.

Transfer from Airport to Hotel: Y/N Flight Number: _____ Arrival time of flight: _____

Transfer from Hotel to Airport: Y/N Flight Number: _____ Departure time from Hotel: _____

Should you wish to book airport transfers, please advise.

We look forward to welcoming you/your guest to our hotel, and you will have a memorable experience.

Should you require any further assistance, please do not hesitate to contact us.

Best Regards

*Phoebe Odoom
Reception Agent*



CREDIT CARD AUTHORISATION FORM

Date:

Card Type : _____

Card Holder's Name : _____

Card Holder's ID Number : _____

Card Holder's Telephone Number : _____

Card Holder's Business Address : _____

Card Holder's Home Address : _____

Card Account Number : _____

CVC No. (last 3 digits on back of card) : _____

Expiry Date : _____

Authorized Signature : _____

Once completed please return form via email : labadi@legacyhotels.co.za together with a copy of the front & back of the credit card and the signatory's ID.