

## Accommodation Reservation Form

### How to make your reservation:

**Step 1** Fill in and email this form to Siphesihle Mkhonta at [siphesihle.mkhonta@sz.suninternational.com](mailto:siphesihle.mkhonta@sz.suninternational.com) crossing out the hotel of your choice

**Step 2** You will be asked to guarantee your reservation with a credit card number.

**Step 3** The Sales and Marketing Co-ordinator will provide you with a Reservation Confirmation email.

- If you do not have a credit card, you will be required to make a cash deposit into our bank account within 48 hours of making the reservation.
- Fax your deposit slip to the Advance Deposit Manager at **+268 416 8803**.
- Please include your reservation number and contact telephone number on the deposit slip.

### Banking Details:

Name of Bank: Standard Bank of Swaziland

Account Number: 0140037639801 / 0140037218401

Account Name: Lugogo Sun / Royal Swazi Sun

Branch code: 663164

- *Should you wish to **fax** your Reservation Request, please send it to Sales & Marketing on **+268 416 8803**.*

### Terms and Conditions:

- Accommodation will be allocated on a "first come, first served" basis.
- On arrival at your hotel, you will be required to provide a credit card guarantee or cash deposit, to cover charges you may incur.

### Cancellations:

- A cancellation made 21 working days prior to arrival date will entitle you to a full refund of the deposit, by cheque, upon written request faxed to the Advance Deposit Manager on + 268 416 8803.
- A cancellation made within 21 working days of arrival will result in the forfeiture of your deposit. Should this be a credit card booking, your credit card will be charged with two nights' accommodation including the relevant tax.
- Should a single bank deposit secure multiple reservations, the appropriate deposit will be credited to each reservation concerned.

## Accommodation Registration:

Contact Name	: Siphesihle Mkhonta
Address	: Private Bag Ezulwini, H106, Swaziland
Telephone	: +268 416 5274
Facsimile	: +268 416 8803

<b>Room Type</b>	<b>Std Twin Room</b>
<b>LUGOGO SUN Group Code (RSPLS)</b>	
R835.00 (Bed & Breakfast only)	
<b>ROYAL SWAZI SPA Group Code (RSPRS)</b>	
R1, 355.00 (Bed & Breakfast only)	

GUEST INFORMATION (please print)			
Surname: _____		Name: _____ Title: _____	
Partner's surname: _____		Name: _____ Title: _____	
Postal Address: _____			
		Postal Code: _____	
Facsimile: _____		Telephone: (B) _____ Telephone: (H) _____	
ARRIVAL, Date: _____ Day: _____		DEPARTURE, Date: _____ Day: _____	
Room Type: _____			
Hotel Selected: _____			
**Email address: .....			
Guest Signature: _____		Name : _____	

**Please read the terms and conditions and sign in the space provided above in acceptance thereof.**

#### ENQUIRES / AMENDMENTS

#### PAYMENT DETAILS

Credit Card Details: If paying by credit card, please complete the following:

Name of Cardholder											
Type of Credit Card											
	MasterCard		American Express		Diners		Visa				
Credit Card Number											
Expiry Date				CVC Authorization (3digits)							
Signature of Cardholder										Date	

#### TELEPHONE / FAX:

Contact:  
Hotel Sales & Marketing  
Tel : +268 416 5274  
Fax : +268 416 8803  
[siphesihle.mkhonta@sz.suninternational.com](mailto:siphesihle.mkhonta@sz.suninternational.com)