



**ASIAN CONFEDERATION OF INSTITUTES OF INTERNAL AUDITING (ACIIA)
29 - 30 OCTOBER 2018**

LE APPLE BOUTIQUE HOTEL KLCC HOTEL ROOM BOOKING FORM

Title : Prof () Dr () Mr () Mrs () Ms ()
 Name (as per NRIC/Passport) : _____
 Organisation : _____
 Tel: () _____ Fax: () _____ Mobile: () _____
 E-mail: _____ Nationality: _____

BOOKING DETAILS

Room Rate : () **RM240.00 nett** Superior Room inclusive of Buffet Breakfast for 1 or 2 persons
 () **RM260.00 nett** Deluxe Room inclusive of Buffet Breakfast for 1 or 2 persons
 Check in Date : _____ Check out date : _____
 Number of room(s) : _____ x Superior Room OR Deluxe Room
 Bedding Configuration : () Double () Twin
 Room Charges : **RM _____ x _____ Rooms x _____ Nights = RM _____**

Cancellation and No Show Policy

- The room rates are inclusive of 6% SST and rates extendable for 3 days pre and post of event dates.
- Any cancellation within 7 days from arrival date will be charge a penalty of 1 Night Stay charges.
- In case of No-Show, a No-Show penalty will levy for all confirmed rooms based on entire duration of stay

Payment Details

() Credit Card () Bank Transfer/Telegraphic Transfer () Cheque

Credit Card Number	<input type="text"/>
CVC/CVV	<input type="text"/>
Expiry Date MM/YY	<input type="text"/>
Cardholder Name	<input type="text"/>

() Visa () MasterCard () Amex

For cheque and Bank Transfer, please pay to this below details

Payable to : LE APPLE BOUTIQUE HOTEL (KLCC) SDN BHD
 Bank : PUBLIC BANK BERHAD
 Branch : MAIN BRANCH, JALAN AMPANG
 Bank Account : 318 754 2036
 Swift Code : PBBEMYKL XXX

****Note:** Kindly send us a scan or fax copy of bank transfer slip for account purpose. Please take note that the registrant must bear all Bank charges such as commission and transfer charges if payment is transacted via Telegraphic Transfer/Online Transfer

Note: A Tourism Tax shall be charged and levied to all non-Malaysian at RM 10.00 nett per room per night effective 1st September 2017.

Declaration

I, hereby understand with the terms and conditions, cancellation and No-Show Policy stated above and agree to place a reservation as per details as above.

Authorized Signature

 Name: _____ Date: _____

Please send this booking form via email or fax to:

Contact Person: Ryan Lee (Sales Manager)
Tel: +603 2179 3638 Fax: +603 – 2179 3699
Email: sm2@leapple-klcc.com.my / Resv@leapple-klcc.com.my

LE APPLE BOUTIQUE HOTEL (KLCC) SDN.BHD. (963265-D)

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