

Booking Form



COMPANY REGISTRATION NO. 2019/334391/07

POSTAL ADDRESS: **CONTACT INFORMATION:**

2 Long Street Deurdrif ,Constantia Cape Town South Africa www.thomsonsacc.co.za	Email address: info@thomsonsacc.co.za Telephone: 021 794 4890 Cell (Dane): 082 469 9946 Cell(Shannon): 076 895 5353 Cell(Lorna): 071 544 3581
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ACCOMMODATION TYPE

Guest bedroom:	DREAM	JOY	HOPE	MASTER FAMILY
Rate per night	R800.00 1 person	R800.00 1 person	R800.00 1 person	R2000.00 5 people
Rate per night	R1000.00 2 people	R1000.00 2 people	R1000.00 2 people	
Additional person	R200.00 1 person	R200.00 1 person	R200.00 1 person	R200.00 1 person
Self-catering room:	GARDEN COTTAGE	BUDGET SOS ROOM	NOTES:	
Rate per unit	R1000.00 4 people	R350.00 1 person		
Additional person	R350.00 1 person			

Arrival Date/ Time:	
Departure Date/ Time:	
Referred by:	Social Media Hospital CC-MD Website Returning guest Booking Platform Word of mouth

PERSONAL DETAILS

Full Name:	
Physical Address:	
Contact Number:	
Email Address:	
Date:	

TRANSPORT REQUIRED

Airport Transfer:	YES	NO
Bus Stop Transfer:	YES	NO
Parking Required	YES	NO
Number of Adults:		
Number of children:		
Special Requests:		

BANKING DETAILS

BANK:	NEDBANK
ACCOUNT NAME:	THOMSON'S ACCOMMODATION (PTY) LTD
ACCOUNT NUMBER:	11 9160 5213
BRANCH CODE:	101109
INTERNATIONAL SWIFT CODE:	NEDSAJJ

ADMIN

Number of nights:		Total amount due:	
Cost per night:		Payment method	
Deposit amount:		Outstanding Balance:	
Deposit date:		NOTES:	
Checked by:			

WAIVER OF LIABILITY : One signature for family/Couple/ or 1 person or more persons staying Group Names required.
Refer: Terms and Conditions; Cancellation Policy
We will not be held responsible/ or liable for any damages and/or injuries you may suffer and/or cause while staying at Thomson's Accommodation.

SIGNATURE: