



فندق جراند ماجستيك  
GRAND MAJESTIC HOTEL  
الكويت - KUWAIT

<https://newkuwaitsummit.com/sites/default/files/Supreme%20Council%20for%20Planning%20and%20Development%20>

<H.E.%20Secretary-General%20office.pdf> **GROUP RESERVATION REQUEST**  
**FORM**

IMPORTANT REMARKS>>>	TO AVAIL OUR SPECIAL GROUP RATE, KINDLY FILL-UP THIS FORM COMPLETELY AND SEND TO EMAIL: <a href="mailto:reservations@grandmajestichotels.com">reservations@grandmajestichotels.com</a> and copy to: <a href="mailto:mohamed.attia@grandmajestichotels.com">mohamed.attia@grandmajestichotels.com</a>			
EVENT NAME:				
GUEST/S NAME	1. 2. 3.			
COMPANY:				
CONTACT INFORMATION:	TELEPHONE:		EMAIL:	
RESERVATION DATE:	CHECK-IN:		CHECK-OUT:	
ROOM REQUIREMENT/S:	ROOM REQUIRED:	ROOM TYPE (WITH BREAKFAST):	NUMBER OF ROOMS:	ROOM RATES:
	<input type="checkbox"/>	DELUXE KING- SINGLE		KD 37.000 NET
	<input type="checkbox"/>	DELUXE KING- DOUBLE		KD 42.000 NET
	<input type="checkbox"/>	DELUXE TWIN		KD 42.000 NET
<input type="checkbox"/>	EXECUTIVE SUITE		KD 50.000 NET	
AIRPORT PICK-UP:	<input type="checkbox"/> YES <input type="checkbox"/> NO      * AIRPORT PICK-UP CHARGE IS KD 10.000 ARRIVAL FLIGHT DETAILS: <input type="text"/>			
TRAVEL VISA REQUIRED:	<input type="checkbox"/> YES <input type="checkbox"/> NO ➤ VISA CHARGE: KD 10.000 PER PERSON ➤ SUBMIT THE FOLLOWING VISA REQUIREMENTS: <ul style="list-style-type: none"><li>• CLEAR PASSPORT COPIES</li><li>• COLLEGE DEGREE DIPLOMA</li><li>• LOCAL COMPANY GUARANTEE LETTER IN ARABIC</li></ul> ➤ VISA PROCESSING: 3 TO 5 WORKING DAYS (SUBJECT FOR APPROVAL)			
BILLING INSTRUCTIONS / PAYMENT	<input type="checkbox"/> OWN ACCOUNT <input type="checkbox"/> BILLING TO COMPANY ➤➤ PLEASE SEE NEXT PAGE (THIRD PARTY CREDIT CARD AUTHORIZATION FORM)			



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<b>(FOR HOTEL): RESERVATION CONFIRMATION</b>	#
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### 3rd Party Credit Card Authorization Form:

Hotel:	Grand Majestic Hotel Kuwait
Attention to:	Reservations
From:	
E-mail:	
Phone:	
Emergency hotline (24/7)	
<b>We kindly ask you to authorize our credit card for the following reservation:</b>	
Guest Name:	
Company:	
Check-In:	
Check-Out:	
Number of Nights:	
Booked via:	
Reservation Confirmation #:	
The following charges may be billed to the cardholder account:	<input type="checkbox"/> Room <input type="checkbox"/> All taxes <input type="checkbox"/> Breakfast <input type="checkbox"/> Internet & Telephone <input type="checkbox"/> Parking <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Laundry <input type="checkbox"/> Other incidentals
Up to the Amount of:	
<b>Please charge to the following credit card details (please also refer to the attached scanned copies of credit card):</b>	
Credit card number:	
Cardholder name:	
Valid until:	
CVC:	
Cardholder signature:	
<b>In case there are any issues charging the above card, please use the following credit card details (please also refer to the attached scanned copies of credit card):</b>	
Credit card number:	
Cardholder name:	
Valid until:	
CVC:	
Cardholder signature:	
Billing address:	



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**NOTE:**

**UPON CONFIRMATION OF YOUR ROOM BOOKING, THIS SIGNED AUTHORIZATION FORM MUST BE FAXED OR SCANNED AND E-MAIL BACK TO US, ALONG WITH A CLEAR COPY (FRONT & BACK) OF THE CREDIT CARD AND A COPY OF THE CARD HOLDER'S PASSPORT.**