

## RESERVATION FORM

*You are required to fill this form for each requested room. We reserve the right to verify information submitted in this form. Reservation is not guaranteed until payment is made. Please forward this to [reservations@marble.mv](mailto:reservations@marble.mv) or fax to +960 3326237*

Category: Super Deluxe / Deluxe / Superior      Occupancy: Single / Double / Twin      Meal Plan: Bed & Breakfast  
Date of arrival:      Date of departure:      Number of nights:  
Arrival Flight number:      Departure Flight Number:

### Guest Details\*

Title: Mr/Mrs/Miss/Ms      First name/s:      Last Name:  
Date of birth:      Nationality:      Passport/ ID no:

### Sharing Guest 1 Details

Title: Mr/Mrs/Miss/Ms      First name/s:      Last Name:  
Date of birth:      Nationality:      Passport/ ID no:

### Sharing Guest 2 Details

Title: Mr/Mrs/Miss/Ms      First name/s:      Last Name:  
Date of birth:      Nationality:      Passport/ ID no:

### Credit Card guarantee

*Credit card details are required to confirm reservation, this shall be used only as a guarantee and payment shall be settled upon check out.*

Credit Card No:      Expiry Date:      CCV no:

Special Requests (if any):

I hereby declare that the above information provided is true and that I understand and agree with the terms and conditions set by the hotel.

Requested by:      Signature:  
Contact Address:      Date:  
Contact no:      Company stamp:

### FOR HOTEL USE ONLY

Confirmation number:      Room Number:  
Confirmed by:      Stamp:  
Date:      Signature:  
Remarks: