

**The Taj Mahal Hotel, New Delhi**

**BKR - Residential Conference**

(Please quote the above name while calling/e-mailing our office)

Please return this form to:

**Group Reservations**, The Taj Mahal Hotel, Number One Mansingh Road

New Delhi INDIA

Phone: +91 11 6651 3760 Fax: +91 11 2302 6070

Email: [mahal.delhi@tajhotels.com](mailto:mahal.delhi@tajhotels.com) copy to: [tmhconf.del@tajhotels.com](mailto:tmhconf.del@tajhotels.com)

**Check-in –21st Feb’19 Check-out – 25th Feb’19**

|  |  |  |  |
| --- | --- | --- | --- |
| **Room Categories** | **Special Rate in INR (Per Room Per Night)** | | **Room Rate Inclusions** |
|  | **Single Occupancy** | **Double Occupancy** |  |
| Deluxe Rooms | **11,500+ Taxes** | **13,000 + Taxes** | * Accommodation on per room per night basis * Complimentary buffet breakfast Machan (24 hours international eatery). |

The current tax structure on residential rooms **(Subject to change)**:

A GST of 28% is applicable per night per room on the above rates.

**Réservation Détails**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | |  | | First Name | |  | |  | |
| Check-in Date | |  | | Arrival Flight **\*** | |  | | ETA: | |
| Check-out Date | |  | | Departure Flight | |  | | ETD : | |
| Please mark ‘Yes’ as appropriate  **\* Please book your reservation from a night prior to ensure room on arrival if the arrival flight lands in New Delhi post 0000 hours (midnight).** | | | | | | | | | |
| **Room Type** | | | **Airport Transfers**\*\* | | | | **Preferences** | | |
| Single Room |  | | Pick up required | |  | | Smoking Room | |  |
| Double Room |  | | Drop required | |  | | Non Smoking Room | |  |
| Extra Bed\*\* (except Taj Club rooms) |  | | Not Required | |  | | Any other (diet, allergies etc) | |  |

\*\*charges apply

**Reservation Guarantee**

|  |  |  |
| --- | --- | --- |
| The reservation will be held guaranteed **only** on receipt of a **Credit Card Number** or **entire stay advance deposit**. | | |
| Guaranteed by | AMEX  Diners  JCB  MasterCard  Visa | |
| Cardholder’s Name |  | Start Date: |
| Credit Card Number |  | Expiry Date: |

**Personal Information \*\***

*Due to our heightened security measures the below mentioned details are mandatory and required prior to arrival*

|  |  |  |  |
| --- | --- | --- | --- |
| **Passport Details** (A scanned copy or photo copy of passport to be enclosed) | | **Visa Details** (A scanned copy or photo copy of visa to be enclosed) | |
| Nationality |  | Visa Number |  |
| Passport Number |  | Visa Type (Corporate/Leisure) |  |
| Issuing Authority |  | Visa Entry Type (Single/Multiple) |  |
| Date of Birth |  | Place of Issue |  |
| Date of Issue |  | Date of Issue |  |
| Date of Expiry |  | Date of Expiry |  |

|  |  |
| --- | --- |
| **Employment/Business Details** | |
| Name of Organization |  |
| Designation |  |
| Address |  |
| Phone |  |
| Fax |  |
| Email |  |

**Terms and Conditions:**

1. Rooms will be confirmed only against charge on your approved credit card / Bank Transfer or cash for booked nights. Request you to share your copy of your credit card.
2. Hotel is holding rooms on a confirmed basis until 21st Jan 2019 post which the rooms will be subject availability on a Best Available rate.

**Check In/Check Out Policy**

* Check-in time is 1400 hours and check out time is 1200 hours.
* The early check-in before 1200 hours and late departures beyond 1400hrs will be charged 50% of the applicable rate.
* The early check-in before 1000 hours and late departures beyond 1700hrs will be charged 100% of the applicable rate.

**Cancellation Policy**

* 100% retention charge will be applicable for full nights as booked if cancelled post 21st Jan 219.

I have read the above terms and conditions and accept them.

|  |  |  |  |
| --- | --- | --- | --- |
| **Guest signature:** |  | **Date:** |  |