

## FELDA / FGV GROUP STAFF RATES

Booking Form

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Hotel Selected : \_\_\_\_\_

Company : \_\_\_\_\_

Personal Booking

Requested by : \_\_\_\_\_ Date: \_\_\_\_\_

Designation : \_\_\_\_\_

Office Address : \_\_\_\_\_

Contact No. : \_\_\_\_\_

Email : \_\_\_\_\_

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Guest Name : \_\_\_\_\_ Contact/Email : \_\_\_\_\_

Check-In Date : \_\_\_\_\_ Check-Out Date : \_\_\_\_\_

Time of Arrival : \_\_\_\_\_ Time of Departure : \_\_\_\_\_

Type of Room : \_\_\_\_\_ Number of Room : \_\_\_\_\_

Total Pax : Adult : \_\_\_\_\_ Child (5-12 years old): \_\_\_\_\_

Room Rate : \_\_\_\_\_

Billing : \_\_\_\_\_ (Cash / Credit Card / Debit Card)

***\*Please enclose flight details (if any)***

***\*Please enclose confirmation letter endorsed by HR Department***

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**SEND BOOKING FORM TO THE SELECTED HOTEL**