



SUNWAY INTERNATIONAL VACATION CLUB BERHAD (Co. No. 644585-X)

Level 1, Menara Sunway, Jalan Lagoon Timur, Bandar Sunway, 46150 Petaling Jaya, Selangor Darul Ehsan, Malaysia.
Tel: 603-5639 9221 Fax: 603-5639 9555 E-mail: sivc@sunway.com.my Website: www.sunway.com.my/vacationclub

ROOM RESERVATION FORM

1 PERSONAL PARTICULARS

Membership No.

Name

NRIC No. - -

Contact No (H) - Fax No -

(O) - H/P No -

Email

2 GUEST STAY REQUEST

If this reservation is for guest use, please indicate the following:

Guest Name

NRIC/Passport No

3 RESERVATION DETAILS

Resort Name	Vacation Dates (dd-mm-yy)
1st Choice _____	Check- In <input type="text"/> - <input type="text"/> - <input type="text"/> Check- out <input type="text"/> - <input type="text"/> - <input type="text"/>
2nd Choice _____	Check- In <input type="text"/> - <input type="text"/> - <input type="text"/> Check- out <input type="text"/> - <input type="text"/> - <input type="text"/>
3rd Choice _____	Check- In <input type="text"/> - <input type="text"/> - <input type="text"/> Check- out <input type="text"/> - <input type="text"/> - <input type="text"/>

* Please **delete** the word **choice** if you only wish to make **more** than one booking

TOTAL NUMBER OF PERSON IN MY PARTY Adults Children

NUMBER OF ROOMS REQUIRED

I have read and understood the following:

- Reservation less than 3 working days is strictly not permitted.
- If reservation is made less than 14 working days from travel date, cancellation of reservation is not permitted.
- Cancellation of confirmed reservations must be made minimum 14 days prior to travel date to avoid forfeiture of points.
- Reservations will not be processed if there are outstanding payments.
- Confirmation of reservation is upon receiving the Reservation Confirmation Slip and not upon submitting this request.
- Confirmation of reservation is always subject to availability and is according to details stated on the Reservation Confirmation Slip.
- To contact the SIVC Member Services Department if there is no response within one (1) week from the date of request.

DATE: _____ SIGNATURE: _____

4 FOR OFFICE USE ONLY

Installment Paid Yes No Due _____

Current Annual Subscription Paid Yes No Due _____

Balance entitlement _____ Reservation No. _____

Remark _____

Processed by _____ Authorized by _____

* Please make copies for submission.