



THE BOMA

CABANNAS

The Boma
McKenzie Street
St. Lucia

P.O.Box 9
St. Lucia
3936

Tel:(035) 590 1330
Fax:(035) 590 1332
Email: rcc786@mweb.co.za

CONFIRMATION OF RESERVATION

Attention: _____
Reservation Number: _____
Arrival Time: _____
Departure Date: _____
Room Type: _____
Reservation Status: _____

No. Of Guests: _____
No. Of Rooms: _____
Room Rate: _____
Deposit Due By: _____
Full Amount: _____
Deposit Amount: _____

Please Note:

1. Please notify us of any changes to your reservation. One nights accommodation will be charged for non-arrivals for guaranteed booking.
2. One nights accommodation will be charged for guaranteed bookings cancelled within 24 Hours of expected arrival.
3. Arrival times are from 14:00 hrs and departure at 10:00 am.
4. All rates include VAT.
5. Payment / settlement in full is required on arrival.
6. The account balance must be paid in cash or by credit card (no cheques are accepted).
7. Please sign and fax this this confirmation to (035) 590 1332. Management reserves the right to cancel any reservation if a signed confirmation is not received.
8. A R200-00 refundable key deposit will be levied on arrival.
9. PLEASE NOTE: No Pets Allowed

BANKING DETAILS

Account Name: The Boma Hotel
Account No: 002547848
Branch Code: 005205
Branch: Fordsburg
Bank Name: Standard Bank

CREDIT CARD DETAILS

Credit Card Name: _____
Credit Card No: _____
Expiry Date: _____
CVC No: _____
(CVC: Last 3 digits at the back of card)

I accept all the conditions of reservation including payment of 50% deposit which is required for confirmation of reservation as set out in the deposit due date.

I understand that an admin fee will be charged should the reservation be cancelled.

The deposit will be forfeited should the reservation be cancelled within 21 days prior to arrival date.

Note: Clients to fax proof of payment of deposit to above fax number.

Signature: _____