

Hotel Reservation Form

For guaranteed reservations, you are kindly requested to fill in the present form and return it to us duly signed.

In order to secure space, reservation forms should be sent to our reservations fax number: +212 524 43 82 16

Family Name: _____ First Name: _____

Address: _____

Company Name: _____

City: _____ Country: _____ Postal Code: _____

Tel: _____ Fax: _____ E-mail: _____

**To confirm my booking, I undersigned, authorise, Hotel Kenzi Farah to debit from my account
the amount of: _____ MAD (Moroccan Dirhams)**

City Taxes included

#Room type required: Double occupancy _____ Single occupancy _____

Arrival Date: _____ Departure Date: _____ Total: _____ nights

Arrival time at the hotel: _____

I accept the charge of one night deposit – non refundable and non transferrable, as guarantee for my reservation. In case of cancellation 48 hours before arrival date or no-show, one night's fee will be charged.

Credit Card Type: _____ Number: _____

Expiring Date (Month / Year): _____ / _____

Card verification number / Security code: _____

Cardholder's Name: _____

Signature: _____ Date: _____

***We thank you and are looking forward to welcoming you in "Hotel Kenzi
Farah Marrakech"***

Hôtel Kenzi Farah Marrakech
Avenue du Président Kennedy – Marrakech – Maroc
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Site Web : <http://www.kenzi-hotels.com>