

Application Form

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|-----------------------------|-----------|------------------------------|--------|----------------------------|----------------------------|--------|
| Date of application | | | | | | |
| Facility name | | | | | | |
| Room number | | | | | | |
| Check-in date and time | Year | Month | Day | Morning / Afternoon | Hour | Minute |
| Check-out date and time | Year | Month | Day | Morning / Afternoon | Hour | Minute |
| Total number of nights | [] | nights of a stay | | | | |
| Number of users | [] | | | | | |
| User Name | | | | | | |
| | Your Name | Date of birth YYYYY/MM/DD | Gender | Address (e.g. of house) | Relationship with Owner | |
| User Representative | | / / | | | | |
| 2 | | / / | | | | |
| 3 | | / / | | | | |
| 4 | | / / | | | | |
| Representative Phone Number | | | | | | |

The Applicant (Owner) should provide certification letter separately in the event that the Applicant is not using the room directly this time.

| | | |
|--|--|-------------------------------|
| Applicant (Owner) | | |
| Company Name (In the name of the company) | | |
| Signature (Please sign in the right column) | | |
| Address (e.g. of house) | | |
| Phone Number / Fax Number | | Seal (Please affix your seal) |

<Attention>