



## RESERVATION FORM

**SEYCHELLES MARITIME WEEK 2024  
TUESDAY 24 SEPTEMBER TO THURSDAY 26 SEPTEMBER 2024**

Hotel Name:	Savoy Seychelles Resort & Spa
Guest Name:	
Arrival Date:	
Departure Date:	
Number of Stay:	
Room Type:	Single Savoy Deluxe Room
Quantity of Guests:	
Agreed Rate:	EUR 330 per room/per night + Government Environment Levy
Meal Plan:	Bed/Breakfast
Mode of Payment:	Credit Card Visa or Master Card to guaranteed the booking and payment direct upon check in
Confirmation Number:	<b>Confirmation number will be issued only after submitting the form to Hotel attn. to Ms. Shirley Henriette</b>

### **IMPORTANT INFORMATION**

**The above rate EUR 330 per room/per night inclusive buffet breakfast and all taxes.**

**Rates is applicable 3 days prior to September 24<sup>th</sup> and 3 days after September 26<sup>th</sup>.**

**Free WI-FI all around the hotel.**

**Private Airport Transfer can be organized on additional charges EUR 60 one way maximum 2 person includes luggages.**

**Payment can be perform by bank transfer and hotel will issued a Proforma invoice with our banking details.**

**Please note, we do not accept American Express credit cards for guarantee or for payment purpose.**

*Unique combination of experiences and delightful service, which will create lasting memories for all*

P.O. BOX 400, BEAU VALLON, MAHE, SEYCHELLES

TEL: +248 439 20 00

E-MAIL: RESERVATION@SAVOY.SC

WWW.SAVOY.SC



Please be informed, visitors to the Republic of Seychelles, including travelers in transit to other countries via Mahe Airport, must have an approved Health Travel Authorization (HTA). This includes children, infants as well as Seychellois and all foreigners. Visitors must apply via the Seychelles Travel Authorization mobile app or the website <https://seychelles.govtas.com>. The application can be made between 72 and 9 hours before departure. The reviewing process may take up to 9 hours before validation. A visitor will not be able to board the plane to the destination without the HTA.

Starting 1 August 2023, Seychelles implements New Environmental Sustainability Levy to Enhance Green Initiatives. Under the newly introduced levy, all visitors to Seychelles will be required to contribute on a per person/per night basis. The payment will be made directly to the hotel, ensuring a seamless and convenient process for travelers. The cost will be 100.00 SCR per person, per night. It is to be noted that the Levy will not be applicable to citizens and residents of Seychelles, children of 12 years and below (visitors), and crew members.

Check-in Time: **02:00PM**

Check-out Time: **11:00PM**

### **RESERVATION POLICY**

No show: In the event of a no-show, the total rate of the confirmed room nights for the entire length of stay shall be chargeable to the company or to the individual booker.

Shortening of the stay: No refund will be made for any shortening of stay; the Hotel will still charge for the entire duration of stay as it has been confirmed at the time of booking.

Minimum free cancellation window is 14 days before 2pm of arrival day. However, it may differ depends on conditions of your booking. Please specify the actual cancellation window with your agent.

### **PLEASE SEND YOUR RESERVATION FORM ALONG WITH THE CREDIT CARD AUTHORIZATION FORM VIA EMAIL TO: -**

**Name: MS. SHIRLEY HENRIETTE**

**Email: [Henriette@savoy.sc](mailto:Henriette@savoy.sc)**

**Tel: +248 439 2000 (ext. 5066)**

**Mobile/WhatsApp: +248 252 0473**

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## Credit Card Authorization Form

*By signing this form you give us permission to debit your account for the amount indicated below. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. /En signant ce formulaire, vous nous autorisez à débiter votre compte du montant indiqué au-dessous. Cette autorisation pour une transaction unique, et ne fournit pas d'autorisation pour des débits indépendants supplémentaires ou de crédits sur votre compte.*

### Please complete the information below:

Guest's name / nom de famille du client: \_\_\_\_\_

Arrival date / date d'arrivée: \_\_\_\_\_

Departure date / date depart: \_\_\_\_\_

Total amount to be charged / Total à charger: \_\_\_\_\_

Total amount in word / montant en lettre: Currency used / Devise utilisée: \_\_\_\_\_

Credit card holder's name / Nom du détenteur: \_\_\_\_\_

Address (1): \_\_\_\_\_

Zip code / Code postal: \_\_\_\_\_

Country / Pays: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Credit card type:  Visa card  MasterCard

Credit Card Number: \_\_\_\_\_

Starting date: \_\_\_\_\_ Expiry date: \_\_\_\_\_ CVV \_\_\_\_\_

I / Je, \_\_\_\_\_, hereby authorize Savoy Seychelles Resort & SPA to debit my credit card according to details provided here above. / autorise le Savoy Seychelles Resort & SPA à débiter ma carte de crédit selon les informations détaillées ci dessus.

\_\_\_\_\_  
Credit card holder's signature  
Signature du détenteur

*Veillez annexer une photocopie RECTO / VERSO de la carte de crédit - Merci  
Please attach a BACK TO FRONT photocopy of the credit card - Thank you*