

BAKKIES B&B



BANKING DETAILS:

Ph: 021 873 5161 Fax: 086 546 7331

Cell: 082 783 1776 / Cell: 072 074 8246

E-mail: info@bakkiesbnb.com Website: www.BakkiesBnB.com **Please state surname & date of arrival as reference
First National Bank
Branch: 200-710
Acc name: M.V. Smit
Acc #: 5424 0811 462
Acc type: Cheque Account

BOOKING CONFIRMATION FORM

PLEASE NOTE: To confirm this booking, please fax your 50% deposit slip with your reference (Name and date of arrival) within 72 hours

PERSONAL DETAILS:							
FIRST NAME:	LAST NAME:						
TEL: ()	FAX:	()_			_CELL: ()	
EMAIL:		@					
POSTAL ADDRESS:							
BOOKING DETAILS:	(Check OUT: 10h0	0 or make	alternativ	ve arrangem	ents)		
ARRIVAL DATE:	<u> </u>	_ DEPAR	TURE DA	TE:	ll_		*(DD / MM / YYYY)
NUMBER OF NIGHTS: [] NUMBE	R OF PE	OPLE: [_]			
ESTIMATED TIME OF AF	RRIVAL:						
ROOM TYPE: SINGLE:			SERVIC	E: ACCOM	MODATION	ONLY:	
DOUBLE:				BED & I	BREAKFAS	T:	
TWIN:				SELF C	ATERING:		
				DINNEF	R (10 OR MC	PRE):	
CREDIT CARD DETAIL	<u>.S:</u> (or 50% depo	sit)					
CARD NUMBER:				EXPIRY I	DATE:	/	*(MM / YYYY)
CVV NUMBER: [][]	[] *(LAST 3 DIGIT	S ON BACI	(OF CARD)				
RATES: (subject to ch	ange without prior	notificat	ion)				
SINGLE: SHARING: BREAKFAST: SELF CATERING:	R350.00 R275.00 R65.00 (2-4) R275.00	per pe per pe R330.0	per person sharing per night per person R330.00 per person sharing per night for the first two people				
DINNER:	Please confi	rm in adv	ance. (gro	oups of 10 ai	nd more)		
GUEST SIGNATURE &	DATE:						
SIGNATURE						DATE	