APARTMENT BOOKING FORM

**All sections of this form must be completed for a booking to be made. Incomplete forms will be sent back delaying availability searches & booking.**

**(If Applicable) SEND COMPLETED FORMS TO:** [north.hotels@travelctm.com](mailto:north.hotels@travelctm.com)

**CLIENT INFORMATION**

The following information is mandatory.

|  |  |
| --- | --- |
| CTM Freshdesk Ticket Number & Consultant Name |  |
| Bookers Name |  |
| Bookers Email |  |
| Bookers Mobile Number |  |
| Guest Name |  |
| Guest Email |  |
| Guest Mobile Number |  |

**PROPERTY INFORMATION**

The following information is mandatory.

|  |  |
| --- | --- |
| Check In Date |  |
| Check Out Date |  |
| Apartment Location With Postcode |  |
| Guest Preferred Property (If Any) |  |
| Budget |  |
| Apartment Type |  |

**GUEST INFORMATION**

The following information is mandatory.

|  |  |
| --- | --- |
| Total Number Of Guests |  |
| Number Of Adults |  |
| Number & Age Of Children |  |
| Parking Required |  |
| Travelling With Pets – If Yes, Type, Breed, Size |  |
| Special Requests |  |

**COST CENTRE INFORMATION**

The following information is mandatory.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation** | **Cost Centre** | **Account Code** | **Project/Grade Code** | **Reason For Travel** |
|  |  |  |  |  |