


BELMOND
COPACABANA PALACE
RIO DE JANEIRO

ACCOMMODATION FORM
LUXEMBOURG FOR FINANCE

Please complete this form in CAPITAL letters and send a scanned copy to groups@copacabanapalace.com.br

Guest Name: _____

Address: _____

Tel: _____ Passport Number: _____

Email: _____

Room Information

Room Category:

Run of House City View Rooms: consists on a mix of rooms that will be assigned at the check in upon availability and based on city view rooms in the Main and/or Tower Building. Room size is approximately 30 square meters. Maximum occupancy is 2 people - rollaway bed is not allowed. Maximum of 15 rooms with 2 twin beds per day.

Special Group Rate: R\$ 1.090,00 + taxes

Notes:

- * Taxes: 10% service tax + 5% city tax + R\$ 9 tourism tax per night (optional tax), per room.
- * Rates are per night based on single or double occupancy.
- * Breakfast at the Pergula's Restaurant buffet is included in the rate. Please note that room service breakfast is not included and will be charged at the room's bill.
- * Room type confirmation will be subject to availability, as the number of rooms blocked is limited.

Check-in & check-out policy:

- Check in time: 4:00pm
- Check out time: noon
- *Early Check-in:* Must be requested in advance; the room will be reserved from the previous night at one daily rate charge in order to guarantee early check in.
- *Late check-out:* Until 4:00 pm, the Hotel will charge 50% of the daily rate, after 4.00pm a full daily rate will applied.

Payment Policy:

- Daily rates and taxes must be pre paid as soon as the reservation is requested.
- Pre payments are non-refundable.

Reservation information

Date In: _____ **Arrival Time:** _____ **Early Check-in:** Yes () No ()

⇒ Please note that one daily rate will be charge for early check in requested (Yes)

Date Out: _____ **Check out time:** _____ **Late Check-out:** Yes () No ()

⇒ Please note that 50% of the rate will be charge for late check out until 4:00 pm requested (Yes)


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Preferences & Comments:

Single () Double ()
King Bed () Twin Beds ()

Accompany name: _____

Comments: _____

Deposit & Payment Information

1st Option: Credit Card

Credit Card Holder: _____

Credit card number: _____

Expiry date: _____ Card Verification Value Code: _____

Type of card: Amex () Visa () Diners () Mastercard ()

Expenses that should be charged in this credit card:

(x) No show
(x) Daily rates & Taxes
() All charges
() Other, please specify: _____

I confirm that I have read, understood and agree to all terms relating to this reservation.

Signature: _____ Date: _____

2nd Option: Bank Deposit

A copy of your deposit confirmation should be sent with this form to our groups department by email.

Bank Deposit:

Bank: Banco Bradesco S/A
Bank Number: 237
Name: Cia Hotéis Palace
Branch: 3369-3
Current Account nº 000655-6
SWIFT: BBDEBRSPOCO

The rooms are blocked at Belmond Copacabana Palace until September 19th, 2014. If you wish to reserve accommodation, please email this form filled up and signed before that date as the room numbers are limited. Past the deadline, the rooms and rates will be subject to the hotel availability and occupancy.