



**KENZI FARAH HOTEL**  
Kenzi Hotels Group

## Hotel Reservation Form

For guaranteed reservations, you are kindly requested to fill in the present form and return it to us duly signed.

In order to secure space, reservation forms should be sent to our reservations fax number: +212 524 43 82 16

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**To confirm my booking, I undersigned, authorise, Hotel Kenzi Farah to debit from my account the amount of: \_\_\_\_\_ MAD (Moroccan Dirhams)**

City Taxes included

#Room type required: Double occupancy \_\_\_\_\_ Single occupancy \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Total: \_\_\_\_\_ nights

Arrival time at the hotel: \_\_\_\_\_

I accept the charge of one night deposit – non refundable and non transferrable, as guarantee for my reservation. In case of cancellation 48 hours before arrival date or no-show, one night's fee will be charged.

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

Expiring Date (Month / Year): \_\_\_\_\_ / \_\_\_\_\_

Card verification number / Security code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***We thank you and are looking forward to welcoming you in "Hotel Kenzi Farah Marrakech"***

Hôtel Kenzi Farah Marrakech  
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Site Web : <http://www.kenzi-hotels.com>