

## Room Rates Declaration

(In accordance with the requirement of Article no. 35 of Decree-Law no. 16/96/M dated 1<sup>st</sup> April)

Name of Hotel : \_\_\_\_\_

Type :  Hotel     Apartment Hotel     Guest House    Hotel Rating : \_\_\_\_\_

The following rates will be effective from \_\_\_\_\_(YYYY)/\_\_\_\_\_(MM)/\_\_\_\_\_(DD) until  
\_\_\_\_\_(YYYY)/\_\_\_\_\_(MM)/\_\_\_\_\_(DD).

| Room Type | No. of Existing Rooms | Rates (MOP) |
|-----------|-----------------------|-------------|
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |
|           |                       |             |

**The above rates include :**

1. Breakfast :  Yes /  No
2. 5% Tourism Tax :  Yes /  No (not applicable for guest house)
3. \_\_\_\_\_ % service charge :  Yes /  No

### Other Additional Information

|  |
|--|
| 1. <input type="checkbox"/> Extra bed<br>Charge for each extra bed : MOP_____ Charge for each baby crib : MOP_____   |
| 2. <input type="checkbox"/> No charge for _____ children aged or under _____ when sharing same room with parents   |
| 3. <input type="checkbox"/> Free transfer service  |
| 4. Check-in time : _____   |
| 5. Credit cards accepted :<br><input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Diners Club<br><input type="checkbox"/> China Unionpay <input type="checkbox"/> JCB <input type="checkbox"/> Others : _____ |
| 6. Others, please specify : _____<br>_____<br>_____  |

### Reservation Contact Information

|                         |                          |
|-------------------------|--------------------------|
| Telephone : (853) _____ | Fax : (853) _____        |
| E-mail : _____          | Person-in-charge : _____ |

Macao, \_\_\_\_\_(YYYY)\_\_\_\_\_(MM)\_\_\_\_\_(DD).

License Holder

\_\_\_\_\_  
Signature must be in accordance with identity document  
(If the license is held by a company, it must be signed by the legal representative(s) and stamped with the company chop)

\* *The license holder must inform MGTO of the proposed room rates at least 5 working days prior to the effective day.*