

| Conf. No | |
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| N1 Guest House Application Form | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------|--------------------------------|---------------------------|------------------------------------------|------------|---------------------------------|----------------|--|--|
| Application Unit Details | | | | | | | | | | |
| Applicant's Name | | | | Faculty / Department Name | | e | | | | |
| Office Email | | | | Extension / Contact No. | | | | | | |
| Room Rate | | | | | | | | | | |
| Room Type | | Single Room MOP700 per night | Shared Room MOP800 per nigh | | Superior Single Room MOP800 per night | | VIP Suite MOP2,000 per night | | | |
| Accommodation Details | | | | | | | | | | |
| Title | Last Name | First Name | Contact | No. R | oom Type | Check-in D | ate | Check-out Date | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Please attach a copy of the quest's ID / passport to the application form. Kindly note that the room type requested is subject to availability and is not guaranteed. Please provide details on a separate sheet and attach it to this form if space above is not sufficient. | | | | | | | | | | |

Please provide details on a separate sheet and attach it to this form if space above is not sufficient.

| Payment Details | | | | | |
|-----------------|-------------------------------------------------------------------------------------|--|--|--|--|
| | Paid by guest | | | | |
| | Paid by application unit – internal transfer (please provide the approved proposal) | | | | |
| | Paid by application unit – cash payment | | | | |
| | Others (please specify) | | | | |

| Endorsement | | | | | | |
|-----------------------------------|------------|-------------------------------------------|--|--|--|--|
| Applicant's Signature | | Signature of Dean/Director/College Master | | | | |
| Date | | Date | | | | |
| **For Application for VIP Suite** | | | | | | |
| Signature of Rector / Vi | ice Rector | | | | | |
| Date | | | | | | |

Note:

- 1. Please send the completed application form to PGH Student Housing (S3 Room G002) or by email to N1.booking@um.edu.mo at least 7 working days prior to the guest's check-in date.
- 2. Please note that the applicant / application unit is responsible for verifying the information on the application form, settling any outstanding charge or any loss / damage to properties of UM caused by the guest.
- 3. The applicant shall notify N1 Guest House of any amendment / cancellation of the application at least 3 working days prior to the guest's check-in date. Otherwise, a special charge of 1 night room rate will be applied.
- 4. The University of Macau being a public institution of higher education as set in Law No. 1/2006, will process the personal data collected on this form for activity organization, service providing and contact purposes.

Ref.: N-001/F/SRS Effective on 09 Sep 2020