

# swiss-belHOTEL EXECUTIVE CARD

## APPLICATION FORM

Title  Mr.  Mrs.  Ms.

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Birthday (DD/MM/YY) \_\_\_\_\_

Nationality \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

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

Office Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail Address \_\_\_\_\_

Card Delivery  Home  Office  Pick-up at Issuing Hotel

I authorize Swiss-Belhotel Executive Card to charge the membership fee for one year amounting to \_\_\_\_\_ to my credit card:

Diner's Club  American Express  
 Visa Card  Master Card  Others

Card Number \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Expiry Date \_\_\_\_\_

I understand the conditions and benefits of the memberships.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this application form to:  
Swiss-Belhotel International - Regional and Sales Offices, The Middle East  
P.O. Box 181723, Dubai, United Arab Emirates  
Telephone: +971 429 58408 Facsimile: +971 429 58409  
E-mail: sbec@swiss-belhotel.com