

KAURI SPRINGS LODGE

29 Te Toki Road, Palm Beach, Waiheke Island
 kaurispringslodge.nz | gm@kaurispringslodge.nz | 027 253 1118

BOOKING REQUEST

PLEASE INDICATE IN WHAT CAPACITY YOU ARE MAKING THIS BOOKING AND COMPLETE THE APPROPRIATE SECTIONS

COMPANY / TRUST / PARTNERSHIP

PRIVATE INDIVIDUAL

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FULL COMPANY NAME or NAME OF TRUST:			
COMPANY NUMBER: <i>(if applicable)</i>		DATE ESTABLISHED:	
TRADING NAME:			
TYPE OF BUSINESS:			
POSTAL ADDRESS:			
PHYSICAL ADDRESS:			
REGISTERED OFFICE:			
BUSINESS TELEPHONE:		FACSIMILE:	
E-MAIL ADDRESS:		WEBSITE ADDRESS:	
NAMES & ADDRESSES OF CURRENT DIRECTORS/TRUSTEES/PARTNERS: <small>(if you require more room please attach a schedule):</small>			
FULL NAME:	RESIDENTIAL ADDRESS:	TELEPHONE:	D.O.B:
Have any of the abovenamed been involved in a Company which has been subject to any Bankruptcy/Receivership/Liquidation proceedings? (give details):			<input type="checkbox"/> Yes <input type="checkbox"/> No
COMPANY NAME:		LIQUIDATOR/RECEIVER:	
ACCOUNTS CONTACT:			
BANK:		BRANCH:	
SOLICITORS NAME:		TELEPHONE:	
ADDRESS:			
ACCOUNTANTS NAME:		TELEPHONE:	
ADDRESS:			

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APPLICANT FULL NAME:		D.O.B:	
SPOUSE FULL NAME:		D.O.B:	
HOME ADDRESS:			
HOME TELEPHONE:		HOME FAX:	
MOBILE:		E-MAIL ADDRESS:	
YOUR OCCUPATION:			
EMPLOYER'S NAME:		TELEPHONE:	
EMPLOYER'S ADDRESS:			
LENGTH OF SERVICE:		IRD/GST NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
VEHICLE MAKE:		REGISTRATION:	