

TRIBE HOTEL APPLICATION FORM

- Name.....ID NO.....
- Mobile Number Email address.....
- Credit Card No.: **XXXX** . (Only first 4 and last 4 digits).
- KCB account Number (if applicable)
- Fill the table below for services you are purchasing (*refer to hotel invoice*)

Name of Service e.g., full board, half board, birthday, wedding celebration/anniversary etc.	No. of days	Cost
Total Cost		

I authorize KCB Card Centre to debit my credit card account with Kes on monthly basis for..... Months on the card due date, being payment for the above Tribe hotel/Trademark hotel service/s I have chosen.

Repayment period (months)	Tick your selection
3 Months	
4 Months	
5 Months	
6 Months	
7 Months	
8 Months	
9 Months	
10 Months	

I understand that by signing this request, I have agreed to Tribe Hotel’s Terms and Condition, and I am liable in fully paying for the services as per terms and conditions provided

Name either Tribe Hotel or Trademark hotel.....

Signature Date.....

(Customer to sign)

(This form and quotation to be sent to deals@kcbgroup.com)

FOR OFFICIAL USE ONLY

Signature Date.....

(KCB Card Center to sign)

PAYMENT	AMOUNT (KES)	APPROVAL CODE	SIGN
1 ST Instalment			
Balance			