



# CHARTER REQUEST FORM

Please complete the Charter Request Form (in BLOCKS) and submit to:

**Keppel Bay Pte Ltd**, Keppel Bay Sailing Academy  
2 Keppel Bay Vista, Marina at Keppel Bay Singapore 098382  
Tel: +65 6303 8448 +65 Fax: 6275 2322 Email: enquiry@kbsa.com.sg

Please allow at least 7 working days for processing and confirmation of booking requests.

## CHARTER INFORMATION

Proposed Event Title (if any):

Charter Date:

Expected No. of Guests:

Type of Charter:

**Half Day** (4 hrs)

**Full Day** (8 hrs)

**Sunset Cruise / Others**

10:00am – 14:00pm

09:00am – 17:00pm

18:00pm – 22:00pm (Sunset Cruise)

12:00nn – 16:00pm

14:00pm – 22:00pm

Others: \_\_\_\_\_

Food & Beverage Requirements:

*(Please note that only food and beverages from Marina at Keppel Bay and its appointed caterers are allowed on board.)*

Preferred Itinerary:

## CUSTOMER DETAILS

Are you a **Marina at Keppel Bay** Member:  Yes  No

Company Name (if applicable):

Name:  Prof  Dr  Mr  Mrs  Ms  Mdm

Designation (if applicable):

Date of Birth:

Sex: Male / Female

Marital Status: Single / Married / Divorced

Address:

Postal Code:

Tel (O / H):

Tel (F):

Mobile:

Email:

**CONFIRMATION**

I/We have read the Keppel Bay Sailing Academy (KBSA) Charter Terms and Conditions governing the use of KBSA vessels and hereby agree to be bound by the said terms and conditions.

Name &amp; Signature

Company Stamp (if applicable)

Date

**CHARGES & PAYMENT (All charges are subject to prevailing GST)**

Payment for this booking does not automatically constitute acceptance by Marina at Keppel Bay and should only be made upon acceptance by Keppel Bay Sailing Academy.

Charter Charge: S\$ \_\_\_\_\_ +GST

F&amp;B Charge: S\$ \_\_\_\_\_ +GST

 Booking Deposit S\$ \_\_\_\_\_ Balance S\$ \_\_\_\_\_

 Full Payment S\$ \_\_\_\_\_

*Note: A 50% non-refundable deposit is payable to secure the booking. Full payment must be made at least 7 days' prior to Charter Date. All charges are subject to prevailing GST.*

Payment:

 By Cheque made payable to 'Keppel Bay Pte Ltd': Cheque (Bank/No) \_\_\_\_\_

 By Credit Card:  Visa  Mastercard

Name on card: \_\_\_\_\_ CVV: \_\_\_\_\_

Card no: \_\_\_\_\_ Expiry date: MM/YY \_\_\_\_/\_\_\_\_

Signature of Cardmember

Date

**FOR OFFICIAL USE**

Date Received:		Deposit Amt Rec'd:	Date:
Order Processed By:	Date:	Balance / Full Amt Rec'd:	Date:
Verified By:	Date:	Security Dep Amt Rec'd:	Date:
Approved By:	Date:	Security Dep Amt Refunded:	Date: