

First Time Application for Registration Form

NAME OF OWNER		OWNER CONTACT		
PROPERTY MAILING ADDRESS		Office phone number	Mobile phone number	
MANAGER'S NAME (IF DIFFERENT F	FROM ABOVE)			
PROPERTY TYPE		PROPERTY NAME		
(Hotel, Apartment, Guest House, Villa, C	Other Vacation rental)			
PROPERTY ADDRESS (IF DIFFERENT	FROM THE ABOVE)			
OWNERSHIP STYLE O Individual O Partnership	○ Company			
No. of Units	No. of Bedrooms	Aver	age rate (\$ USD per night)	
PROPERTY / MANAGER CONTACT [DETAILS			
iice phone number		Mobile phone number		
Email	ail		Fax	
APPLICANT'S NAME				
SIGNATURE		DATE		

Terms of Submission

Please note that all applications can be submitted online for faster processing. However, a signed electronic or physical copy must be submitted to the Product Quality Unit. Please see the address and contact details below.