



Application Form

Surname _____
First name _____
Title _____

Company/Partnership name _____

Address _____

1st line _____

2nd line _____

City _____

Post code _____

Contact details _____

Email address _____

Mobile _____

Office _____

Number of hotels owned _____

Total number of beds in group _____

Name of hotel _____

Address of hotel _____

1st line _____

2nd line _____

City _____

Post code _____

Number of beds _____

Are you a majority shareholder or partner of this hotel? Yes / No Please specify:

Name of hotel _____

Address of hotel _____

1st line _____

2nd line _____

City _____

Post code _____

Number of beds _____

Are you a majority shareholder or partner of this hotel? Yes / No Please specify:

(To add more hotels, please use an extra sheet providing similar details as above)

Are you a majority shareholder or partner in more than 1 group of hotels? Yes / No Please specify:

If yes, please list additional groups / companies _____

(To add more groups / companies, please use an extra sheet providing similar details as above)

Please list the suppliers that your organisation uses for each of the services below:

Linen _____

Food _____

Beverages _____

Waste _____
Utilities broker _____
Business insurance _____
Stationery _____
Beds _____
Lift _____
TVs _____
Maintenance _____
Satellite _____
Uniforms _____

Please tick ONE of the following:

A. I would like to register as a Shareholder (£100) (with Membership benefits) and apply for one £100 share, subject to the Company's articles of association. I authorise you to enter my name in the Company's register of members as holder of the share allotted to me and to send to me a share certificate pursuant to this application

B. I would like to register as a Member (£50 charge per hotel per annum).

I confirm that:

1. I shall comply with any Membership Terms and Conditions or Code of Conduct provided by iHotels Alliance Limited (the "Alliance") from time to time.
2. If applying to be a shareholder, I am a Qualifying Person as defined in the the Alliance's Articles of Association. I also confirm that the information supplied is accurate to the best of my knowledge and belief.
3. I shall keep confidential any terms and conditions agreed from time to time between the Alliance and any supplier for the benefit of Members (including, without limitation, pricing and rebate terms).
4. I consent to your processing of my personal data for your legal, management, administrative, marketing and analysis purposes.
5. I consent to your sharing of my information with selected third parties, such as suppliers, so that they can provide me with information about the deals the Alliance has negotiated for the benefit of Members by post, telephone, e-mail or SMS.

If you are happy for the Alliance to share your information with selected third parties so that they may send you information about products and services which may be of interest to you, by post, telephone, email and SMS, please tick the box.

Name _____
Signature _____
Date _____

Please enclose a cheque for the appropriate amount payable to iHotels Alliance Ltd

Amount £ _____