

**OFFICE FOR COMMUNICATION, ADVOCACY & PROMOTION(OCAP),**  
**Level 2, Muhamad Abdul-Rauf Building,**  
**International Islamic University Malaysia,**  
**Jalan Gombak, P.O Box 10, 50728 Kuala Lumpur**  
**Tel: 603-6421 4157 Fax: 603 – 6421 4156 E-mail: corporatecomm@iium.edu.my**

## BOOKING FORM FOR IIUM GUEST HOUSE

| REQUESTOR'S PARTICULARS                             |                                                                                 |  | Date Request: |
|-----------------------------------------------------|---------------------------------------------------------------------------------|--|---------------|
| Name:                                               |                                                                                 |  |               |
| Staff No.                                           |                                                                                 |  |               |
| K/C//D//O:                                          |                                                                                 |  |               |
| Contact Number:                                     |                                                                                 |  |               |
| Email:                                              |                                                                                 |  |               |
| Programme/Event :                                   |                                                                                 |  |               |
| Date of Programme/Event:                            |                                                                                 |  |               |
| GUEST INFORMATION                                   |                                                                                 |  |               |
| Name of Guest :                                     | 1.<br>2.<br>3.<br>4.<br>5.<br>(If space is insufficient, please use attachment) |  |               |
| No of Pax:                                          |                                                                                 |  |               |
| Check in date:                                      |                                                                                 |  |               |
| Check out date:                                     |                                                                                 |  |               |
| Contact No:                                         |                                                                                 |  |               |
| Room Type                                           | Room 01 CAMELAI (Queen Bed)                                                     |  | Remark:       |
|                                                     | Room 03 SAKURA (Queen Bed)                                                      |  |               |
|                                                     | Room 04 BAKAWALI ( Queen Bed)                                                   |  |               |
|                                                     | Room 05 VIOLET ( Queen Bed)                                                     |  |               |
|                                                     | Room 06 JASMIN ( 2 Single Bed)                                                  |  |               |
|                                                     | Room 07 DAISY ( Queen Bed)                                                      |  |               |
| Remark:                                             |                                                                                 |  |               |
| Recommended by :<br>Dean/Director/HOU/DD<br>/SAD/AD |                                                                                 |  |               |
| Official Chop & Date:                               |                                                                                 |  |               |

| OFFICE USE ONLY                        |                        |
|----------------------------------------|------------------------|
| Name :<br>Officer in charge :<br>Date: | APPROVE / NOT APPROVED |
| Remark:                                |                        |

**GUIDELINES FOR BOOKING OF IIUM GUEST HOUSE**

1. All applications must be submitted to OCAP at least two weeks before the Check in date.
2. The application form must be approved by Dean/Deputy Dean/Director/Deputy Director/Deputy Rector
3. Please submit the soft copy through e-mail AND hard copy to OCAP;  
(akamal@iium.edu.my/zulia@iium.edu.my/azlin@iium.edu.my)
4. Please attach the programme details i.e Programme Schedule, Proposal Paper, List of VIPs & etc.;
5. Incomplete application form will be returned to the applicant/organizer.
6. Any request over the phone without the required form, will not be entertained.
7. All the requester must make sure all the facilities in the house is in the good condition after the guest check out.
8. All the damage/lost of the items in the house will be replaced by the organizer with their own KCDIO budget.