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<u>Concierge Services – Accommodation Booking</u>

Patient Particulars				
Name (as in Passport):			-	
Surname:				
Passport No:				
Flight Details				
Arrival Date:	Arrival Time:	Flight No:	·	
	mins walk away from our clini areast.com/en/hotels/oasia-hot		s the main hotel that	we have special rates *
2 nd Choice:				
3 rd Choice:				
No of Pax in Room:				
No of Room Require:				
Room Check in Date:	Ch	eck Out Date:		
Other Request:				
Request for Sightseeing So If Yes, please state what y	ervices: Yes No ou will like to see around Sing.	apore		