



HEARING FACILITIES BOOKING FORM

Name of Booking/Requesting Party:			
Capacity:		Contact No.:	
(Proposed) Date(s) of Booking:			
(Proposed) Time of Booking:			
No. of People (Pax)			
Reason for Booking: <i>(If 'Reason' is ADR Proceedings related, please indicate nature of ADR and name of neutral below:)</i>			
Nature of ADR Proceedings:			
Name of Neutral:			

APPLICANT/CLAIMANT(S) <i>(Where there are more than 2 claimants or representatives, please provide the details for them in a separate attachment)</i>					
Applicant/Claimant's Contact Particulars					
Salutation <i>(if applicable Tick applicable response)</i>	Mr	Mrs	Ms	Other	State which:
Name(s) of Individual(s)/Organisation(s):					
Address:					
Contact No.:					
Email Address:					
Applicant/Claimant's Representative(s)					
Name(s) of Representative(s):					
Address:					
Contact No.:					
Email Address:					

RESPONDENT(S) <i>(Where there are more than 2 respondents or representatives, please provide the details for them in a separate attachment)</i>					
Respondent's Contact Particulars					
Salutation <i>(if applicable Tick applicable response)</i>	Mr	Mrs	Ms	Other	State which:
Name(s) of Individual(s)/Organisation(s):					
Address:					
Contact No.:					
Email Address:					
Respondent's Representative(s)					
Name(s) of Representative(s):					
Address:					
Contact No.:					
Email Address:					

ROOM HIRE		
Please indicate which room(s) are required for your booking below:		Notes
Kwacha Hearing Room/Boardroom [K3,000]		
Kwacha Hearing Room with Ngwee Breakout Room [K4,000]		
Copper Hearing Room/Boardroom [K3,000]		
Ngwee Breakout/Meeting Room [K1,500]		
Malaiti Breakout/Meeting Room [K1,500]		

ADDITIONAL SERVICES AND AMENITIES		
Please indicate if you require any of the following:		Notes
Transcription Services <i>(Sitting fee K3500.00 per sitting per transcriber (min 2). Transcripts over 60 pages shall be subject to an additional fee of K500. Final clean transcript to be published within 72 hours. Cancellation penalty fee 20% of total sitting fee/ per person/per sitting)</i>		
Virtual Conferencing Facilities (K1,000) <i>(Teams and Rally Plus)</i>		
Translation Services <i>(Fee advised on request)</i>		Language:

REFRESHMENTS		
Please indicate where refreshments shall be required for your booking by ticking in the box below: <i>(Refreshments for over 12 guests shall be subject to vendor terms and will require direct quotes)</i>		Notes
Refreshments (Tea and Coffee station only) [K750]		
Refreshments (Tea and Coffee station with Snacks – Morning OR Afternoon) 4 – 8 pax [K1,500]		
Refreshments (Tea and Coffee station with Snacks – Morning OR Afternoon) 8 – 12 pax [K2,200]		
Refreshments (Tea and Coffee station with Snacks – Morning AND Afternoon) 4 - 8 pax [K2,500]		
Refreshments (Tea and Coffee station with Snacks – Morning AND Afternoon) 8 – 12 pax [K3,400]		

BOOKING/ REQUESTING PARTY SIGNATURE			
Name:		Signature:	
Date:			

FOR OFFICIAL USE

Received by:			
Signature:			
Date:			
Stamp:			
Diary:	Calendar	Invoice	Payment
Notes:			