



**SWAZILAND TOURISM AUTHORITY**

**REGISTRATION APPLICATION FORM BACKPACKERS HOSTEL, SELF CATERING AND BED AND BREAKFAST ESTABLISHMENT**

**INSTRUCTIONS FOR THE COMPLETION OF THE FORM**

- Complete the form in full and answer all questions.
- Write in Capital block letters.
- Where choice is given, mark only the appropriate box with an X
- A separate application form must be completed and submitted for each accommodation establishment.
- A prescribed application fee must accompany this application. An application not accompanied by the prescribed application fee, relevant documents or is incomplete will NOT BE PROCESSED.
- The Commissioner of Oaths must certify all accompanying copies of requested documents.
- Submission of this application does not guarantee immediate approval. Final approval will depend on submission of comprehensively completed application form, attachment of all relevant documentation and compliance with the minimum requirements as detailed in the Registration regulations.
- Information provided in this form may be incorporated in marketing material produced by the Swaziland Tourism Authority. Therefore, provision of accurate information is essential.
- Application form must be submitted to:

The Chief Executive Officer  
 Swaziland Tourism Authority  
 P. O. Box A1030  
 Swazi Plaza  
 For Attention: Product Development Officer

Registration number allocated:

Recipient number:

**1. APPLICATION PARTICULARS**

Select the type of accommodation class for which you wish to apply by inserting an X in the appropriate box.

- [ ] Backpackers Hostel
- [ ] Self Catering
- [ ] Bed and Breakfast

**2. PARTICULARS OF OWNER**

**Name of owner:** .....

**Postal address:**.....

.....

Telephone number.....

Fax number.....

Citizenship.....

Nationality.....

### 3. PARTICULARS OF MANAGER

Name:.....

Postal address.....

.....

Telephone number..... Fax number.....

Citizenship..... Nationality.....

### 4. PARTICULARS OF THE ESTABLISHMENT

#### Shareholding Information:

(a) Select from the following appropriate ownership category that best describes the ownership or the shareholding of the establishment.

Community based only

Foreign Joint Venture

Foreign investor

Swazi Partnership

Government

Swazi Sole Proprietor

International Company

#### Other details of the establishment

Trading name:.....

.....

Company registration.....

Physical address.....

.....

GPS co-ordinates of location.....

Postal address.....

City/Town.....

Region.....

Telephone..... Fax Number.....

E-mail address.....

Website.....

Annual turnover..... Total annual investment to date.....

**5. BOOKING AGENTS/ RESERVATION OFFICE PARTICULARS**

*Complete this section if applicable*

Name of agent.....

Physical address.....

Telephone number..... Fax number.....

E-mail address.....

Website.....

**6. PUBLIC TOILETS**

If offering bar and restaurant facilities to visitors, you are required to provide public toilets.

State number of public toilets:.....males .....females

**7. PARTICULARS OF ACCOMMODATION FACILITIES**

**7 (a) Sleeping Accommodation of Backpackers Hostel Accommodation;**

This section should ONLY be completed by the Backpackers Hostel accommodation establishments.

*If offering accommodation in bedroom set-up, complete the following:*

(i) Total number of beds in bedrooms.....

(ii) Number of bedrooms with own shower and toilet.....

(iii) Number of bedrooms without shower and toilet.....

Total bedrooms.....

(iv) Average floor area of bedrooms.....

*If offering accommodation in dormitory set-up, complete the following:*

(i) Number of dormitories: .....

(ii) Number of beds per dormitory:.....

(iii) Total number of beds:.....

(iv) Average floor area of each dormitory:.....

**7 (b) Sleeping Accommodation facilities of Self-catering Accommodation**

This section should ONLY be completed by the Self-catering accommodation establishments.

(i) Number of apartments/units on the premise: .....

(ii) Number of bedrooms in each apartment/unit: single bedrooms:.....double bedrooms:.....family bedrooms.....

(iii) Ratio of bedrooms to bathrooms:.....

(iv) Ratio of bedrooms to kitchen:.....

(v) Average floor area of bedrooms:.....

**7 (c) Sleeping Accommodation facilities for Bed and Breakfast Accommodation**

The Bed and Breakfast establishments should ONLY complete this section.

Number of bedrooms with private toilet	
Number of bedrooms with private showers/baths	
Number of ensuite bedrooms	
Number of bedrooms with private baths/toilets & kitchens	
<b>Total number of bedrooms:</b>	
Average floor area of bedrooms	Single:
	Double:

**7. PARTICULARS OF DINING ROOMS/RESTAURANTS AND KITCHEN**

**7(a) Sate:**

(i) Number of ordinary dining rooms/restaurants:.....

(ii) Whether meals are served:.....

(iii) Hours during which meals are served:

Breakfast:..... Lunch:.....  
Supper:.....

(iv) Hours during which room service is available:.....

(v) *Is the kitchen equipped with the following, if self-catering is provided?*

- |   |   |
|---|---|
| <input type="checkbox"/> Refrigerator       | <input type="checkbox"/> Sufficient cutlery and crockery                |
| <input type="checkbox"/> Hot plate or stove | <input type="checkbox"/> Food storage facilities                        |
| <input type="checkbox"/> Microwave          | <input type="checkbox"/> A kitchen sink with hot and cold running water |

(vi) Total number of chairs and tables in dining room:

Chairs:.....Tables:.....

(Note: For Backpackers Hostels, tables and chairs should be sufficient to accommodate at one sitting 50% of total guests)

**7 (b) Bathrooms and Sanitation (applicable, if communal facilities are provided)**

(i) Ratio of communal baths to beds:.....

(ii) Ratio of communal showers to beds:.....

(iii) Ratio of communal toilets to beds:.....

**8. PARTICULARS OF CONFERENCE FACILITY**

*Complete if offering conference facilities.*

*State:*

(i) Number of conference venues.....

(ii) Number of people accommodated at full capacity.....

(iii) Number of people, which can be accommodated as per the following seating arrangements:

Theatre-style.....Conference-style.....Banquet-style.....

Boardroom-style.....Classroom-style.....Herringbone-style.....

*(iv) Which facilities/ Services do you provide? Please mark the relevant boxes with an X*

- |  |  |
|--|--|
| <input type="checkbox"/> Overhead and slide/film projectors          | <input type="checkbox"/> TV and VCR sets     |
| <input type="checkbox"/> Photocopying, telephone & fax               | <input type="checkbox"/> Translation service |
| <input type="checkbox"/> Adequate parking for event organizers       |  |
| <input type="checkbox"/> Catering areas separate from meeting rooms  |  |
| <input type="checkbox"/> Sound amplification systems and microphones |  |

(v) State how arrangements for the facilities in (iv) above can be made if required:

.....

.....

(vi) Number of toilets for.....males.....females

## 8. DETAILS OF EMPLOYEES

### 9 (a) Number and Qualifications of Full-time Employees

Gender	No formal qualification	Primary school	Secondary school	Tertiary education	Vocational training	Total
Male						
Female						
Total						

### 9 (b) Employees by Nationality

Job level	Swazi Citizen	Non-Swazi Citizen	Total
Management			
Supervisory			
Skilled			
Semi-skilled			
Unskilled			

### 9 (c) Job categories of full-time Employees

	Finance & Admin	Front Office	House Keeping	Food & Beverage	Chef & Cooks	maintenance	Others
Management							
Supervisor							
Skilled							
Unskilled							
Total							

### 9 (d) Job categories of Part time/Seasonal Employees

	Finance & Admin	Front Office	House Keeping	Food & Beverage	Chef & Cooks	maintenance	Others
Management							
Supervisor							
Skilled							
Unskilled							
Total							

State out-sourced services.

.....

.....

**9. GENERAL INFORMATION**

This information is requested for marketing purposes only.

(a) Which facilities/ services do you provide? Please mark the relevant boxes with an X.

- |   |   |
|---|---|
| <input type="checkbox"/> Transport/ pick-up service                   | <input type="checkbox"/> Hairdressing salon   |
| <input type="checkbox"/> 24 Hour receptions                           | <input type="checkbox"/> Toiletries supplied  |
| <input type="checkbox"/> Tourists information desk/ Curio shop/ Kiosk | <input type="checkbox"/> Linen supplied   |
| <input type="checkbox"/> Safe in room or reception                    | <input type="checkbox"/> Towels supplied  |
| <input type="checkbox"/> Secure off-street parking                    | <input type="checkbox"/> Air conditioning in rooms/units                                      |
| <input type="checkbox"/> Internet/ email facilities                   | <input type="checkbox"/> Overhead fans in rooms/units   |
| <input type="checkbox"/> TV in room                                   | <input type="checkbox"/> Gym available on the premises  |
| <input type="checkbox"/> Central TV lounge                            | <input type="checkbox"/> Bar fridge in rooms/units  |
| <input type="checkbox"/> Satellite TV /lounge                         | <input type="checkbox"/> Conference facilities  |
| <input type="checkbox"/> Telephone in rooms/units                     | <input type="checkbox"/> Swimming pool  |
| <input type="checkbox"/> Restaurant/Dining area                       | <input type="checkbox"/> Cots Available   |
| <input type="checkbox"/> A la Carte menu                              | <input type="checkbox"/> Wheel chair friendly   |
| <input type="checkbox"/> Set menu                                     | <input type="checkbox"/> Non smoking rooms  |
| <input type="checkbox"/> Special meals on request                     | <input type="checkbox"/> Public telephone   |
| <input type="checkbox"/> Cocktail Bar/Pub                             | <input type="checkbox"/> Laundry/Valet services   |
| <input type="checkbox"/> Room service                                 | <input type="checkbox"/> Baby sitting service   |
| <input type="checkbox"/> Limited room service                         | <input type="checkbox"/> Lifts if storey building   |
| <input type="checkbox"/> Lapa /Boma                                   | <input type="checkbox"/> Promotional material (e.g. brochures, posters, videos) are available |
| <input type="checkbox"/> Hairdryer in room/units                      |   |
| <input type="checkbox"/> Shaver plugs in rooms/units                  |   |

Specify others; .....  
.....  
.....

**10 (b) Tariffs**

State tariffs charged;

Single bedroom:..... Double bedroom:.....

Family bedroom:..... Suite: .....

Other, specify:.....

**10.(c) Accessibility**

1) How can guests travel to your establishment from other towns/areas within Swaziland?

- Road, specify please .....

2) Do you provide pick- up and drop-off services to and from?

- Bus terminal
- Airport

- 3) How is the general condition of the road accessibility, if own transport is used
- Good
  - Fair
  - Bad

- 4) How would you describe the overall surfacing of the road?
- Tarred up to reception
  - Gravel

**10.(d)**

Which of the following national attractions are within 50km radius from the establishment?

Attraction type	Attraction's name	Estimated distance
<input type="checkbox"/> Historical buildings	.....	.....
<input type="checkbox"/> Mountains	.....	.....
<input type="checkbox"/> Museums	.....	.....
<input type="checkbox"/> Nature Parks	.....	.....

Specify other places of interests:.....

**10. (e) Activities offered:**

*Which activities do you offer to visitors against payment?*

**LAND**

- Archeology
- Abseiling
- Adventure Racing
- Birding
- Canoeing & Rafting
- Caving
- Cave diving
- Cultural Tours
- Cinemas
- Casino
- Game/Nature drives
- Golfing

- Geological tours
- Hiking trails
- Horse rides
- Hunting
- Mountaineering
- Rock Climbing
- Quad Biking
- Sand Boarding
- Stargazing
- Scenic drives
- 4X4 Trails

**WATER**

- Angling
- Diving
- Fresh water Fishing
- Water sports

**AIR**

- Ballooning
- Hang gliding
- Micro lighting
- Paragliding
- Skydiving

Specify other;.....  
.....

**10 (f) Booking arrangements**

*Indicate with an X most preferred booking method.*

- Only pre-bookings accepted
- Bookings can be made anytime when arriving at the establishment
- Bookings accepted only by invitation
- Bookings only accepted through the representative booking agent.

**10 (g) Operating times**

*Indicate with an X when the establishment is operational.*

- Seasonal; Specify.....
- All year round

**11. CHECK LIST**

**Ensure the certified copies of the following documents:**

*Please tick as appropriate*

- A prescribed application fee:
- A proof of company registration certificate or ownership of the premises
- A proof ID, Permanent Residence or Work Permit of Manager.
- A certificate of Public liability insurance and Professional Indemnity, if relevant.
- A Trading License
- A proof of Passenger Liability Insurance, if clients are transported.
- A copy of Tax Clearance Certificate.

I certify that to the best of my knowledge that the information furnished herein is true and correct.

Signature of applicant:.....

Place.....

Date.....

**FOR OFFICE USE ONLY**

	Date	Amount	Initials of Data Capturer
Date received			
Date computed			
Date of pre-qualification inspection			
Date of approval/rejected			
Date of initial registration			
Date approval letter posted			
Date registration certificate posted			

**RECOMMENDATION**

