



## SWAZILAND TOURISM AUTHORITY

### REGISTRATION APPLICATION FORM HOTEL AND GUESTHOUSE

#### 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.

- [ ] Hotel  
[ ] Guesthouse

#### 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 the 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 guests**

No. of Bedrooms	Single	Twins/Double	Suites	Family
With ensuite facilities				
With private shower/bath only				
With private toilet only				
Total				

State average floor area of bedrooms.....m<sup>2</sup>

**7(b) Communal Bathrooms and Sanitation**

(i) Ratio of Communal bath to bedrooms.....

(ii) Ratio of Communal shower to bedrooms.....

(iii) Ratio of Communal toilet to bedrooms.....

(iv) Are bedrooms suitable for disabled people?.....

**8. DINNING ROOMS / RESTAURANTS AND KITCHEN**

*State:*

(i) Number of ordinary dinning 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.....

## 9. 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

## 10. DETAILS OF EMPLOYEES

10 (a) Number and Qualifications of Full-time Employees

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

10 (b) Employees by Nationality

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

10 (c) Job categories of full-time Employees

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

10(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.

.....  
 .....

**11. GENERAL INFORMATION**

12.

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

- Transport/ pick-up service
- 24 Hour receptions
- Tourists information desk/Curio shop/ Kiosk
- Safe in room or reception
- Secure off-street parking
- Internet/ email facilities
- TV in room
- Central TV lounge
- Satellite TV /lounge
- Telephone in rooms/units
- Restaurant/Dining area
- A la Carte menu
- Set menu
- Special meals on request
- Cocktail Bar/Pub

- Room service
- Limited room service
- Lapa/Boma
- Hairdryer in room/units
- Shaver plugs in rooms/units
- Hairdressing salon
- Toiletries supplied
- Linen supplied
- Towels supplied
- Air conditioning in rooms/units
- Overhead fans in rooms/units
- Gym available on the premises
- Bar fridge in rooms/units
- Conference facilities
- Swimming pool
- Cots Available
- Wheel chair friendly
- Non smoking rooms
- Public telephone
- Laundry/Valet services
- Baby sitting service
- Lifts if storey building
- Promotional material (e.g. brochures, posters, videos) are available

Specify others; .....

**11.(b) Tariffs**

State tariffs charged;

Single bedroom:..... Double bedroom:

Family bedroom:..... Suite:

Other, specify:.....

**11.(c) Accessibility**

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

- Road, specify.....

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

**11.(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:.....

**11. (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

**12(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.

**12 (g) Operating times**

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

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

### 13. CHECK LIST

**Ensure the certificate 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

Recommended for full registration		Recommended for conditional registration		Rejected	
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**APPLICABLE CONDITIONS:**

.....  
**Signature**

.....  
**Rank**

.....  
**Date**

**APPROVAL**

Approval granted:

Yes

No

**APPLICABLE CONDITIONS:**

.....  
**Signature**

.....  
**Rank**

.....  
**Date**