

## Gourmet Card Programme - Request for Replacement of Lost Card

Please provide your particulars for our verification. Kindly allow us a few weeks from receipt of your request for processing.

Full Name, as per NRIC/Passport: (required)	Mr / Mrs / Ms / Dr / Prof (pls indicate)						Pls <u>underline</u> your surname / last name.							
Name to appear on card (Required. Max. 15 charact including spaces)														
Address: (required)											(Bldg N	lo. & Na	ame)	
									(Street)					
											(Unit N	o.)		
											(Postal	Code)		
											(Countr	ry)		
Contact No.: (pls provide at least one) (Mobile)							(Home/Office)							
Email: (required)														
By submitting this form, your personal data (i) to Card membership progrelated to the administ accordance with the Hotel	replace your G ramme ("GCMP ration and man	ourmet C ") and co agement	Card; (ii) ommunion of the	for the posting with GCMP.	ırpose n you d Your p	s of or concer persor	ffering rning t nal da	you the the GC ta will	ne serv CMP; a be us	vices o and (iii	of the ( ) for p	Gourm ourpose	et es	
Date:	the Food & Re	- everage Γ	Departn	nent at: ir	in.leo	na@a	whool	oodna	arkhot	el.con	n			
ornan and form to			pu					_ <del> </del>			-			

For GWPH official use: Card No.:\_\_\_\_\_