

STATEMENT FOR HOTEL PREMISES YEAR 2010



Tax Reference No. : _____

Property Address : _____

Name of Hotel : _____

[1] Assessment of Hotel Rooms

Number of Room Nights for Year 2009	Number of Room Nights *
(a) Sold	
(b) Complimentary	
(c) Closed for renovation / upgrading works, for staff use and others	
(d) Vacant	
Total Number of Licenced Room Nights [(a) + (b) + (c) + (d)]	

Gross Receipts for Year 2009	
Amount of Formula One (F1) Cess Paid in 2009	
Total Gross Receipts Less F1 Cess Paid	

* For hotels operating transitional business (i.e. rooms sold on hourly basis), the fields under [1](a), [1](b) & [1](d) may be left blank if the hotel operator is unable to provide an estimate of the figures.

[2] Assessment of Other Areas in the Hotel Premises

* Please provide all new and existing lease details in the year of submission.

[2-A] Owner-operated Food and Beverage (F&B) Outlets

Name of Owner-operated F&B Outlet(s)	Floor Level/ Unit No.	Floor Area (m ²)

[2-B] Function / Conference / Meeting Rooms

Name of Function / Conference / Meeting Rooms	Floor Level	Floor Area (m ²)
Total Floor Area		
Total Gross Receipts for Year 2009 (include banquet receipts & rent for function / conference / meeting rooms)		
Total Expenses Incurred		
Please give us the breakdown of expenses incurred:		

[2-C] Tenancy Details of Lettable Areas

[F&B Outlets, Retail Shops, Gymnasium/Spa/Fitness Centre/Health Centre, Telecommunication Base Stations, Kiosks/Tour Desks, Offices, Vacant Units, Others, etc]

Lettable Areas	Floor Level / Unit No.	Floor Area (m ²)	Name of Tenant	Monthly Net Rent (\$)	Monthly Service Charge (\$)	Other Monthly Charges (\$) *	2009 Additional Rent (\$) **	Lease Term	
								From	To
F&B Outlets									
Retail Units									
Gymnasium / Spa / Fitness Centre / Health Centre									
Telecommunication Base Stations									
Kiosks / Tour Desks									
Offices									
Others (ATMs / car park / advertisement banners and flags / show cases, etc.)									
Vacant #				Not Applicable					

* Other charges refer to advertising & promotion fees, rental for furniture & fittings, etc. Please specify charges.

** 2009 additional rent refers to the total variable rental collected in Year 2009 based on tenant's sales turnover, etc.

For vacant units please state floor level/unit number, floor area (m²) and intended use.

[2-D] Serviced Offices

If let-out for more than 6 months, please fill in the table below:

Floor Level / Unit No.	Floor Area (m ²)	Name of Tenant	Monthly Net Rent (\$)	Monthly Service Charge (\$)	Monthly Secretary Charges (\$)	Other Monthly Charges (\$) *	Lease Term	
							From	To

* Other charges refer to rental for furniture & fittings, printing & stationery charges, phone charges, PUB charges, etc.

Receipts for Serviced Offices

Total Floor Area including areas which are vacant or owner-occupied (m ²)	
Total Gross Receipts for 2009	
Total Expenses Incurred	
Please give us the breakdown of expenses incurred:	

[2-E] Business Centre

(I) **Is this space used exclusively by hotel guests only? (Yes / No)**

(II)

Name of Business Centre	Floor Level / Unit No.	Floor Area (m ²)

[2-F] Owner-operated Gymnasium/ Fitness Centre/ Spa/ Health Centre

(II)

Name of Gymnasium / Fitness Centre / Spa / Health Centre	Floor Level / Unit No.	Floor Area (m ²)	Are premises used exclusively by hotel guests?

[2-G] Car Park

(a) Number of Car Lots (Excluding Closure, Owner-Occupied & FOC)	
(b) Number of Car Lots Closed (Indicate the period closed)	
(c) Number of Owner-Occupied & FOC Car Lots	
Total Number of Car Lots [(a) + (b) + (c)]	
Total Number of Motorcycle Lots	
Monthly Season Parking Fee for Car Lots	
Monthly Season Parking Fee for Motorcycle Lots	
Total Gross Receipts for Year 2009	
Total Expenses Incurred	
Please give us the breakdown of expenses incurred:	

[3] Other Information

[3-A] Areas Currently Occupied By Hotel Management and Related Companies

(e.g. human resource office, sales & marketing office, admin office, finance office, F&B office, engineering office, front office, reception, GM's office, executive club, housekeeping, linen & laundry, store, staff canteen, etc)

Name of Occupier / Department	Use	Location (Storey)	Floor Area (m ²)

[3-B] If there are additions, alterations or improvement works done to the premises from 2009 please provide a copy of the Temporary Occupation Permit, Certificate of Completion and a set of the site and floor plans and the following information:

Description of the additions, alterations or improvement works done	Date of Completion	Expected Date of Completion (if works in progress)	Total Cost of Works including professional fee (\$)

[3-C] Declaration

I certify that the information given in this form is true, correct and complete.

(This form must be signed. A letter of Authorisation from the owner / operator must be attached if the agent signs on his behalf.)

Name / Designation of
Authorised Signatory *

_____ Contact Number _____

Signature

_____ Fax Number _____

Date

_____ Email Address _____

* If the owner / operator is a company, this form should be signed by an authorised signatory of the company.