



SWAZILAND TOURISM AUTHORITY

REGISTRATION APPLICATION FORM CAMPSITES, CAMPING AND CARAVAN PARKS AND REST CAMPS

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.

- [] Campsites
- [] Camping and Caravan Parks
- [] Rest Camps

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

4.1 Shareholding Information:

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

- | | |
|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Community based only | <input type="checkbox"/> Foreign Joint Venture |
| <input type="checkbox"/> Foreign investor | <input type="checkbox"/> Swazi Partnership |
| <input type="checkbox"/> Government | <input type="checkbox"/> Swazi Sole Proprietor |
| <input type="checkbox"/> International Company | |

4.2 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:.....malesfemales

7. PARTICULARS OF ACCOMMODATION FACILITIES

7. (a) Sleeping Accommodation particulars of Rest Camp or Tented Camp

	Total number of beds	Total units with private toilets	Total units with private shower and bath	Total units with ensuite facilities	Total units with ensuite facilities and kitchen
Rooms					
Rondavels					
Chalets					
Bungalows					
Tents					
Other					
TOTAL					

State average floor area of units.....

7(b) Sleeping Accommodation particulars of Caravan Park and Camp Site:

DESCRIPTION	TOTAL
Number of pitches without power points	
Number of pitches with power points	
Number of pitches with power points and water	
Number of pitches with power points, water and own ablution facilities	
Number of pitches:	

7(c) Bathrooms and Sanitation

Complete this section, if offering communal facilities.

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

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

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

(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. Self catering establishment;

(Needs to be completed only if self catering is allowed by guests)

(i) Has provision been made for tents, bungalows, rondavels, chalets or caravan pitches without self contained facilities for following at a central place?

- Utensils, dishes and plates supplied
- Hot and cold water
- Own fire for each unit or pitch
- A porcelain enamel, concrete or stainless steel sink with drying top
- Garbage bin with cover

- (ii) State total number scullery for cooking.....
- (iii) State total number roofed field kitchen.....
- (iv) State total number of fire place with double grate.....
- (v) Is self catering kitchen rondavels, bungalows etc equipped with the following;
 - Refrigerator
 - Hotplate or stove
 - Microwave
 - Sufficient cutlery and crockery
 - Food storage facilities
 - A kitchen sink with hot and cold running water
 - A table with adequate number of chairs for the number of guests
- (vi) Is the establishment fenced? If so, give particulars of the fence
.....
.....

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

- Overhead and slide/film projectors
- TV and VCR sets
- Photocopying, telephone & fax

- Translation service
- Adequate parking for event organizers
- Catering areas separate from meeting rooms
- 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

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

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

11 (b) Employees by Nationality

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

11 (c) Job categories of full-time Employees

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

11(d) Job categories of part time/seasonal Employees

	Finance & Admin	Front Office	House Keeping	Food & Beverage	Chef & Cooks (Restaurant and bar	Maintenance	Others
Management							
Supervisor							
Skilled							
Unskilled							
Total							

State out-sourced services.

.....

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11. GENERAL INFORMATION

This information is requested for marketing purposes only and maybe incorporated in the marketing material only produced by Swaziland Tourism Authority.

(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 | |
| <input type="checkbox"/> | |

Specify others;

12 (b) Tariffs

State tariffs charged;

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

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

Other, specify:.....

12.(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

12.(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:.....

12. (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
- Skydiving

- 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

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*

11. 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.....

