



The House of Dancing Water Show Cancellation Refund Application Form

We will proceed with the auto-refund on the face value of your ticket to the **owner of the Credit Card used** for ticket purchase via the following sales channels, the refund will be processed within 45-60 working days*.

- The House of Dancing Water website
- City of Dreams Contact Centre
- City of Dreams Box Office

For **Non Credit Card Users / Rebook Request**, please complete this form and scan the **Required Refund Documents**, then email to showenquiry@cod-macau.com for processing:

Guest Details:

Guest Name _____

ID/Passport No.: _____

Contact No: _____

E-mail Address: _____

Cancellation Show Details:

Ticket Transaction Number: _____

Quantity of Ticket(s): _____

Required Refund Documents:

- Front side of ticket(s)
- Your passport or identity card

Refund Option:

You can choose either cash refund by providing your bank account details **or** rebook another show.

Cash Refund

If you would like a refund, please complete the following Bank Account Details* :
Name of Account Holder :
Bank Account No:
Bank Name:
Swift Code (if any):

Rebook Another Show

If you would like to rebook another show, please indicate the preferred date(s)	
First Preference: ____/____/____ (DD) (MMM) (YYYY) <input type="checkbox"/> 5pm <input type="checkbox"/> 8pm	Second Preference: ____/____/____ (DD) (MMM) (YYYY) <input type="checkbox"/> 5pm <input type="checkbox"/> 8pm

*Remark: City of Dreams shall have no further liability to ticket holders beyond the face value of the ticket(s), e.g. bank service charge(s), exchange rate variation, etc.

For enquiries, please call our hotline at (853) 8868 6919 / 800 900783 (Hong Kong Toll Free) from 9AM to 10PM.

For internal use only

Zone	Adult		Child		Sub-Total	Remarks
	Qty	Price	Qty	Price		
VIP						
A Reserve						
B Reserve						
C Reserve						
				Total		

Original Sales Channel:

- | | |
|---|--|
| <input type="checkbox"/> The House of Dancing Water website | <input type="checkbox"/> City of Dreams Box Office |
| <input type="checkbox"/> City of Dreams Contact Centre | <input type="checkbox"/> COD Hotel Package |
| <input type="checkbox"/> Travel Agent:: _____ | <input type="checkbox"/> Others: _____ |

Handled By: _____
Process Date: _____

Approved By: _____
Signature: _____

Reference No.:
