

Travel Agents Association of India

Branch Assoicate Member Application Member Company Data

Date of Application :/	l
	Applicant's name and Address
Desired Membership Name	
Trading Name if other than above	
Date of incorporation	
Address	
Address	
City and Pin code	
Phone and Fax :	
Email	
Contact Person and Designation	
N. Cit. C	Information of Parent Company
Name of the Company	
Address of the Head Office	
Office Telephone No/s	
Fax:	
E-mail	
Contact Person and Designation	
	ame or ownership within last six years? Yes / No
If yes, Please	
give details	
	Branches or subsidiary offices with address & Tel. Nos stating whethe
these are Members of TAAI	



Travel Agents Association of India

Branch Associate Application Member Company Data

	Code	Date of Recognition	Amount of Bank Guarantee
IATA			

	Please men	ar:	•			Year:
Sales on International	1				$\overline{}$	10411
Airlines						
Sales on Domestic Airlines / LCC Carriers	3					
Sales on Tours, Other Products						
Approvals and memberships of (Onl.	y if current,	Yes	No	Fron	n Date	
Dept. of Tourism, Government of India						
IATO						
ASTA						
PATA						
JATA						
About Your Office						
Own Office space used for company p	ourpose	Floor	Space	,		
Rented office space used for company purpose Floor Space						
Total Administrative Staff						
Total Managerial Staff						
IATA Qualified Travel Counsellors (Included in above staff stength)						
IATA Qualified Travel Counsellors (Inclu	ided in above	staff st	ength)			
IATA Qualified Travel Counsellors (Inclu Non-IATA Qualified Travel Counsellors				ngth)		
Non-IATA Qualified Travel Counsellors	(Included in a	above st	aff ster		ne addı	ressed to
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Memorandum of articles

Latest Financial Audited Documents

Shop Act License

Travel Agents Association of India

Branch Associate Application
Member Company Data

We hereby certify that the information given herewith is true and accurate to the best of our knowledge and belief and that no information that may be relevant to the above questions has been suppressed or withheld. We agree to pay all fees of the Association as established from time to time.

of the Association as established from tim		cooca of warmora. We agree to pay an lees
Name of the authorised signatory		
Designation:		
Signature:		
Date:	Seal of the Company	
We know the applicant and the information We hereby propose the applicant for the m		ne best of our knowledge true and correct.
Name of the Proposer Company: (Should be TAAI Active Member)		
Name of the Accredited Representative		
Signature of the Accredited Representative		
Date:	Seal of the Company	
We know the applicant and the information correct. We hereby second the application		is the best of our knowledge true and Association.
Name of the Seconder Company: (Should be TAAI Active Member)		
Name of the Accredited Representative		
Signature of the Accredited Representative		
Date:	Seal of the Company	
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·	osed	
Approval from Dept. of Tourism	Yes/No	
IATA Approval Letter	Yes/No	
Indian Airlines Annointment letter	Vac/No	

All fees i.e. Rs. 3540/- as Entrance and Rs. 3540/- as Annual Fees should be made by a bank draft drawn on a Mumbai Bank in favour of "Travel Agents Association of India" and must accompany the application.

Yes/No

Yes/No

Yes/No



Travel Agents Association of India

Branch Associate Application Member Company Data

FOR OFFICE USE ONLY:					
Information Circulated to the Region / Chapter members on :					
Comments received if any :					
Presented to the M. C. on :					
Decision of the Managing Committee	ee Recommended				
	☐ Not recommended				
	Deferred				
	☐ Referred back to Committee / Chapter Chairm	ıan			
Meeting held on / / /	at				
Payment Details:					
Received on///	by DD No Dated				
Drawn on	Bank and in	City.			
Membership Code No.:					
Conveyed to the member on					
Membership certificate sent on					
Chairman informed on					
Updated on the taainet on					
Signature of the Executing Officer at TAAI, Mumbai.					
Checked and found in order by the Executive Secretary, TAAI					