

Travel Agents Association of India

Active Member Application Member Company Data

Date of Application	on:/				
		App	licant's name and Address		
Desired Members	hip Name				
Trading Name if o					
Date of incorporat	ion				
Address					
Address					
City and Pin code					
Phone and Fax :					
Email					
Contact Person a	nd Designation				
		Regi	istered Address if Other than Above		
Address					
Address					
City and Pin code					
Phone					
		Con	npany Information		
The applicant of	company is: (Please	tick	in appropriate square)		
Proprietary Conce	ern		Partnership Concern		
Private Limited C			Public Limited Company		
The company's	• •				
Names of Your					
Names of Your					
		or c	Dwnership within last six years? Yes / No		
	Try Changed Hame	01 0	Whership within last six years: les / No		
If yes, Please					
give details					
Is Travel Agecy	the main busines	s of	the company?		
If no, please					
give details of					
main business					
and the address					
	ranches or subsidi	ary o	offices?		
If yes, please					
give list of					
branch offices					
Do the owners	Shareholdere Ma	nago	re have financial interest or managerial control in	any other	
Do the owners, Shareholders, Managers have financial interest or managerial control in any other travel related company? If Yes please give details					
traver related company? If tes please give details					



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	Code	Date of Recognition	Amount of Bank Guarantee
IATA			

Volum Not Color for lost time vicere (Di		!ana	1		
Your Net Sales for last two years (Pla			ar)		Veen
Sales on International	Yea	ır:			Year:
Airlines					
Sales on Domestic Airlines/LCC Carriers					
Sales on Tours, Other Products					
Approvals and memberships of (Only	if current)	Yes	No	Fro	om Date
Dept. of Tourism, Government of India					
IATO					
ASTA					
PATA					
JATA					
About Your Office					
Own Office space used for company pu	ırpose	Floor	Space)	
Rented office space used for company			Spac	_	
Total Administrative Staff			<u> </u>		
Total Managerial Staff					
IATA Qualified Travel Counsellors (Included in above staff stength)					
Non-IATA Qualified Travel Counsellors (I	Included in a	bove st	aff ster	ngth)	
About your representatives to whom	all corres	spond	ence	will	be addressed to
Name of your authorised representati	ive 1 & C	esign	ation		
Give details if previously worked for other Tour operator, GSA, Agency					
Give getails if previously represented at TAAI forum.					
Name of annual data	0 0 =	•		_	
Name of your authorised representative 2 & Designation					
Give details if previously worked for other Tour operator, GSA, Agency					
Give details if Previously represented at TAAI forum.					



Indian Airlines Appointment letter

Latest Financial Audited Documents

Memorandum of articles

Shop Act License

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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 time	e to time.	
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	
_	ation supplied by the applicant	
Date: We know the applicant and the information of	ation supplied by the applicant	
Date: We know the applicant and the information correct. We hereby second the application Name of the Seconder Company:	ation supplied by the applicant	
Date: We know the applicant and the information correct. We hereby second the application Name of the Seconder Company: (Should be TAAI Active Member) Name of the Accredited	ation supplied by the applicant	
Date: We know the applicant and the information correct. We hereby second the application Name of the Seconder Company: (Should be TAAI Active Member) Name of the Accredited Representative Signature of the Accredited	ation supplied by the applicant	
Date: We know the applicant and the information correct. We hereby second the application Name of the Seconder Company: (Should be TAAI Active Member) Name of the Accredited Representative Signature of the Accredited Representative Date:	ation supplied by the applicant nt for the membership of the Seal of the Company	
Date: We know the applicant and the information correct. We hereby second the application Name of the Seconder Company: (Should be TAAI Active Member) Name of the Accredited Representative Signature of the Accredited Representative Date: List of enclosures reqested: Enclosures	ation supplied by the applicant nt for the membership of the Seal of the Company	
Date: We know the applicant and the information correct. We hereby second the application Name of the Seconder Company: (Should be TAAI Active Member) Name of the Accredited Representative Signature of the Accredited Representative Date:	ation supplied by the applicant nt for the membership of the Seal of the Company	

All fees i.e. Rs. 7080/- as Entrance and Rs. 7080/- 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

Yes/No



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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 Commi	ttee	Recommended		
		☐ Not recommended		
		Deferred		
		☐ Referred back to Committee / Chapter Chairman		
Meeting held on / /	at			
Payment Details:				
Received on / /	by DD No	Dated		
Drawn on	B	ank 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 Office at TAAI, Mumbai.				
Checked and found in order by the Executive Secretary, TAAI				