

Travel Agents Association of India

Allied Associate Application Member Company Data

Date of Application ://	_	
A	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		
	Registered Address if Other than Above	
Address		
Address		
City and Pin code		
Phone		
Co	Company Information	
The applicant company is: (Please ti	• •	
Proprietary Concern	Partnership Concern	
Private Limited Company	Public Limited Company	
The company's Paid Up Capital		
Names of Your Bankers		
Names of Your Auditors		
What is the main business of the c	company?	
Please		
give details of		
main business		
main baoinoss		
Do you have branches or subsidiary	y offices?	
If yes, please		
give list of		
branch offices		
Station direct		
Do the owners, Shareholders, Mana	agers have financial interest or managerial control in	any other
travel related company? If Yes please	se give details	



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51N 0 L 1931							
					Yes	No	From Date
Airline	- - -	Are you an IATA / Ion IATA Are you a Scheduled Ca What is the Turn Over					
Hotel	- - - -	Are you a member of FH Are you recognised by the Indicate your Star Catego No. of Rooms Turnover	e DOT	GOI			
Tour Operator	-	Are you a Member of IAT Are you recognised by DO (Attach Copy) Are you an inbound oper Are you an outbound oper	OT GOI				
GSA	-	Total turnover Which Airline/s dou you (Attach Appointment Lette Please Specify your territo Annual Turnover	represen r)	it			
CRS Company Press & Media	- - -	Name of Your Publication Any other publication not What is the Circulation Periodicity		to travel	ı		
Car Rental Company	- - -	Are you a member of an If yes name: Are you recognised by DO Strength of the	•	Associat	tion		
Any other	-	Tarriover					
	entatives	s to whom all correspo	ondenc	e will l	be addre	ssed	to
		representative 1 & Des					
		rked for other Tour opera			ncv		
·		•					
Give getails if prev	iously	represented at TAAI fo	rum.				
Name of your auth	orised	representative 2 & Des	ignatio	n			
Give details if prev	iously	worked for other Tour	operat	or, GS	A, Agend	y	
Approvals and mei	mbershi	ps of (Only if current)	Yes	No	From D	ate	
Dept. of Tourism, Go	vernme	nt of India					
IATO							
ASTA							
PATA							
JATA							
				-			



Memorandum of articles

Latest Financial Audited Documents

Shop Act License

Travel Agents Association of India

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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 tim	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	n supplied by the applicant is to the best of our knowledge true and correct. nembership of the Association.
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 is the best of our knowledge true and ant for the membership of the Association.
Name of the Seconder Company:	
(Should be TAAI Active Member)	
Name of the Accredited Representative	
Name of the Accredited	
Name of the Accredited Representative Signature of the Accredited	Seal of the Company
Name of the Accredited Representative Signature of the Accredited Representative Date:	
Name of the Accredited Representative Signature of the Accredited Representative Date: List of enclosures reqested: Enclosures	osed
Name of the Accredited Representative Signature of the Accredited Representative Date: List of enclosures reqested: Enclosures from Dept. of Tourism	osed Yes/No
Name of the Accredited Representative Signature of the Accredited Representative Date: List of enclosures reqested: Enclosures	osed

All fees i.e. Rs. 3540/- as Entrance and Rs. 3540/- as Membership Fee 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



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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 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							