

Overseas Associate Application Member Company Data

Date of Application : ____ / ____ / ____

	Арр	blicant'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	L	
	Reg	istered Address if Other than Above
Address		
Address		
City and Pin code		
Phone		
		npany Information
The applicant company is: (Plea	se tick	
Proprietary Concern		Partnership Concern
Private Limited Company		Public Limited Company
The company's Paid Up Capital		
Names of Your Bankers		
Names of Your Auditors		
Is Travel Agecy the main busin	ess of	the company?
If no, please		
give details of		
main business		
and the address		
Do you have branches or subsi	diary o	offices?
If yes, please		
give list of		
branch offices		
	-	rs have financial interest or managerial control in any other
travel related company? If Yes p	olease g	jive details



Travel Agents Association of India

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	Code	Date of Recognition	Amount of Bank Guarantee
ΙΑΤΑ			

Your Net Sales for last two years (Please mention year)					
	Yea	ar:			Year:
Sales on International					
Airlines					
Sales on Domestic Airlines, LCC Carriers					
Sales on Tours, Other Products					
Approvals and memberships of (Only if cur	rent)	Yes	No	From Date	e
Dept. of Tourism, Government of India					
IATO					
ASTA					
РАТА					
JATA					
Are you a member of the National Associatio	n				
of your Country					

About your representatives to whom all correspondence will be addressed to Name of your authorised representative 1 & Designation

Give details if previously worked for other Tour operator, GSA, Agency

Give getails if previously represented at TAAI forum.

Name of your authorised representative 2 & DesignationGive details if previously worked for other Tour operator, GSA, Agency

Give details if Previously represented at TAAI forum.



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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.

Name of the authorised signatory	
Designation:	
Signature:	
Date:	Seal of the Company

List of enclosures reqested:	Enclosed	
Membership Certificate of the		
National Association	Yes/No	

Overseas Associates Fees

Fees Equivalent to INR 9500/- for a year + INR 6900/- as Entrance Fees (which includes service tax & bank charges)

OR

Fees Equivalent to INR 35000/- for 5 Years + INR 6900/- as Entrance Fees (which includes service tax & bank charges)

The option would be left to the member.



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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
Not recommended
Deferred
Referred back to Committee / Chapter Chairman
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	