



Travel Agents Association of India

Active Member Application

Member Company Data

Date of Application : ____ / ____ / ____

Applicant's name and Address											
Desired Membership Name											
Trading Name if other than above											
Date of incorporation											
Address											
Address											
City and Pin code	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Phone and Fax :											
Email											
Contact Person and Designation											

Registered Address if Other than Above											
Address											
Address											
City and Pin code	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Phone											

Company Information	
The applicant company is: (Please tick in appropriate square)	
Proprietary Concern	Partnership Concern
Private Limited Company	Public Limited Company
The company's Paid Up Capital	
Names of Your Bankers	
Names of Your Auditors	

Has the company Changed name or ownership within last six years? Yes / No	
If yes, Please give details	

Is Travel Agency the main business of the company?	
If no, please give details of main business and the address	

Do you have branches or subsidiary offices?	
If yes, please give list of branch offices	

Do the owners, Shareholders, Managers have financial interest or managerial control in any other travel related company? If Yes please give details	



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	Code	Date of Recognition	Amount of Bank Guarantee
IATA			

Your Net Sales for last two years (Please mention year)			
	Year:	Year:	
Sales on International Airlines			
Sales on Domestic Airlines/LCC Carriers			
Sales on Tours, Other Products			
Approvals and memberships of (Only if current)	Yes	No	From Date
Dept. of Tourism, Government of India			
IATO			
ASTA			
PATA			
JATA			

About Your Office		
Own Office space used for company purpose	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 strength)		
Non-IATA Qualified Travel Counsellors (Included in above staff strength)		

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 details if previously represented at TAAI forum.	
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.	



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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

We know the applicant and the information supplied by the applicant is to the best of our knowledge true and correct. We hereby propose the applicant for the membership of the Association.

Name of the Proposer Company:	
Name of the Accredited Representative	
Signature of the Accredited Representative	
Date:	Seal of the Company

We know the applicant and the information supplied by the applicant is the best of our knowledge true and correct. We hereby second the applicant for the membership of the Association.

Name of the Secunder Company:	
Name of the Accredited Representative	
Signature of the Accredited Representative	
Date:	Seal of the Company

List of enclosures requested:	Enclosed
Approval from Dept. of Tourism	Yes/No
IATA Approval Letter	Yes/No
Indian Airlines Appointment letter	Yes/No
Memorandum of articles	Yes/No
Shop Act License	Yes/No
Latest Financial Audited Documents	Yes/No

All fees i.e. Rs. 6618/- as Entrance and Rs. 6618/- 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.



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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

Recommended

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 tainet on	

Signature of the Executing Officer at TAAI, Mumbai.	
Checked and found in order by the Executive Secretary, TAAI	