

TRAVEL AGENTS ASSOCIATION OF ORISSA

Application for Enrolment of Membership

Registration Fee:

For DOMICILE Members	- Rs. 3000.00
For NON-DOMICILE Members	- Rs. 5000.00

1	Application for enrolment of:	Active Member <input style="width: 90%;" type="text"/> Allied Member <input style="width: 90%;" type="text"/> Associated Member <input style="width: 90%;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
2	Name of the Applicant Travel Agent		
3	Trade Name if other than the above		
4	No. & Date of Registration/Incorporation		
5	Complete Postal Address including PIN code, Telephone Number(s), Cell Phone Number(s), FAX Number(s), E.Mail ID and Website	Registered Office - Branch Office 	
6	Photograph of Office with Sign Board	Enclose a Post-Card size photograph of your office with Sign Board to this application form	
7	If the office is owned by the Firm or on Rent? Floor area of the office to be furnished		
8	Name of the Proprietor / Partners / Directors with his/her/their Academic Qualification, Date of Birth, full Postal Address, Telephone Number, Cell Phone Number, E.Mail ID		
9	Name of two Contact Persons with their Cell Phone Numbers and E.Mail IDs	1 <input style="width: 90%;" type="text"/> 2 <input style="width: 90%;" type="text"/>	
10	Status of the Agency	a Proprietorship <input style="width: 90%;" type="text"/> b Partnership <input style="width: 90%;" type="text"/> c Private Limited Company <input style="width: 90%;" type="text"/> d Public Limited Company <input style="width: 90%;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
11	No. of Employees	1 Managerial Cadre <input style="width: 90%;" type="text"/> 2 Others <input style="width: 90%;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
12	Invested Amount/Paid Up Capital		
13	Name and Address of Banker(s)	1 <input style="width: 90%;" type="text"/> 2 <input style="width: 90%;" type="text"/>	
14	Name and Address of Auditor		
15	PAN No.		
16	Service Tax Registration No.		

17	ESIC Registration No.		
18	EPF Registration No.		
19	Whether the Travel Trade is the main business of the Agency? If not please furnish details		
20	Whether there has been any change in the name of ownership of agency during last 01 year? If yes please furnish details		
21	Whether the Agency is having Branch or Subsidiary offices? If so please furnish details		
22	If Proprietor, Partners, Directors, Share Holders or Managers have Financial Interest and/or Managerial Control in any other Travel related company? If yes, please furnish details.		
23	If the Applicant Travel Agency is accredited to or recognised by (Copy of Accreditation/Registration Certificate to be enclosed)	IATA	
		TAAI	
		IATO	
		ASTA	
		ADTOI	
		Deptt of Tourism, Govt. of India	
		Deptt. of Tourism, Govt. of Odisha	
	Any other		
24	Date of accreditation and quantum of Bank Guarantee in case the agency is accredited to IATA		
25	Total turnover for the preceding two financial years	1	
		2	

I/We do hereby solemnly declare that the information furnished in this Application Form are true to the best my/our knowledge and belief. I/We agree to pay the due subscriptions to TAAO regularly and to abide the rules of Association.

Signature of the Applicant

Name

Designation

Office Seal

Recommendation of Sitting Member of TAAO (At least one)

I/We do hereby declare that the Applicant is well know to me/us and the information furnished by the Applicant is true to my/our best knowledge and belief. I/We recommend the Applicant to be a member of TAAO

Signature

Name

Designation

Office Seal

Encl:

01. Copy/Copies of Accreditation Certificate/Recognition Letters of

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)

02. Copy of PAN Card, ESIC, EPFC and Service Tax Registration Certificates

03. Copy of Balance Sheet/Saral for preceding one year

FOR OFFICIAL USE ONLY

Date:

Name of the Applicant

Recommended by

Enrolment Fees paid

YES / NO

Documents in Order

YES / NO

Enrolled as an Active/Allied/Associated Member

Enrolment not considered

Registration No.

President

General Secretary

Treasurer