

THE IATA AGENTS ASSOCIATION OF INDIA

Application Form

For

Trade Partner Membership

Name of Applicant	:	
Proposed By	:	
Seconded By	:	
Registration No:		Date:

APPLICATION FORM

1. Name of Applicant Firm / Company	
2. Trade Name (if different from above)	
3. Date of Incorporation	
4. Type of Ownership	Proprietorship / Partnership / Pvt Ltd / Ltd
5. Registered Office Address	
6. Telephone Numbers (with city code)	
7. Office Email	
8. Website	
9. Branch Address (If Any)	
10. Primary Line of Business	
11. Sales Turnover (Previous Year)	(Year)
12. Company Income Tax PAN	
13. Company GST Number	
14. Office Premises	Owned / Rented, AreaSq Ft

Name of your two authorized	representatives
Name:	Name:
Designation:	Designation:
Mobile No:	Mobile No:
Email:	Email:
Staff Strength	
GDS / CRS used	
attach copy of the latest cert	ADTOI/ ETAA / ASTA / PATA / (Other)
and the second s	lief and that no information that may be relevant to
above questions has been sup	Trade Partner Membership of Membership - 01 January to 31 December)
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above questions has been sup (Validity Period Membership Registration	oressed or withheld. Trade Partner Membership of Membership - 01 January to 31 December) Annual Subscription Total
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Recommendation by two IAAI Active Members

We hereby propose & recommend the above applicant for Active Membership of IAAI.

PROPOSER	SECONDER	
Membership No	Membership No	
Name	Name	
Agency	Agency	
Signature & Seal	Signature & Seal	
Date	Date	

For Office Use

State Committee:

App	lication	scrutinized /	recommended	by
TPP.	ilcution	ser atmized /	recommended	σ_{J}

President / Secretary :

Signature & Seal :

Date :

Central Secretariat:

Approved by President / General Secretary:

Signature & Seal:



THE IATA AGENTS ASSOCIATION OF INDIA

Ground Floor, Enchackalody Towers, LFC Road, Kaloor - 682 017, Kerala, India Tel: 0484-4022205 / Email: secretariat@iaai.in / hdq@iaai.in