



ENTERPRISING TRAVEL AGENTS ASSOCIATION

(Incorporated as per Government of India, Ministry of Finance & Corporate Affairs,
Department of Company Affairs, Registrar of Companies, under the companies
act 1956, Licence No:- RD:85 (25) N/3/98 under section 25
of the companies act-No-Profit No-Loss Basis.)

Sr. No. _____

To,

The Board of Director,

Regd. Office : C/o. Bombay Travels Pvt. Ltd. 7-B, Hassan Manzil,
71 August Kranti Marg, Gowalia Tank, Mumbai 400 036.
Email : presidentetaa@gmail.com / gensecetaa@gmail.com

OVERSEAS AFFILIATE MEMBERSHIP APPLICATION FORM

Affix
Photograph
Here

(Please enclose one more Photograph)

Enterprising Travel Agents Association

C/o. Bombay Travels Pvt. Ltd.
7-B, Hassan Manzil, 71 August Kranti Marg,
Gowalia Tank, Mumbai 400 036.

Dear Sirs,

I/We hereby apply to you for Membership of the Company, Enterprising Travel Agents Association (hereinafter referred to as “the Association”) subject to the terms of the Memorandum and Articles of Association of the Company.

I/We hereby accept and agree to abide by the rule, regulations and conditions governing the Membership of the Association and further state that I am aware and agree to abide by ETAA’s principles of professional conduct and ethics.

I/We further agree to make the payment of Annual Membership Fee as prescribed from time to time, by the Board of Director. I/We hereby agree and undertake that I/We will sign all such documents and do all such acts, deeds and things as may be necessary on my/our part to enable me/us to be the registered member of the Association.

Strictly confidential. For private
Circulation only. (Read the
Instructions carefully before
Filling the application)

1.	NAME OF ORGANISATION			
2.	YEAR OF ESTABLISHMENT			
3.	NAME(S) OF PROPRIETOR / PARTNER / DIRECTORS :			
4.	ADDRESS			
	City		Area Postal Code :	State / Province :
5.	TELEPHONE NO. :		FAX NO. :	MOBILE NO.:
	EMAIL :		Website :	
6.	ADDRESS(ES) OF BRANCH / AFFILIATE COMPANIES OR OFFICES AT OTHER LOCATION :			
	City		Area Postal Code :	State / Province :
7.	RESIDENCE ADDRESS			
	City		Area Postal Code :	State / Province :
	TELEPHONE(S)			
8.	BANKERS : (A)	Name :		Branch :
		Address:		
	(B)	Name :		Branch :
		Address:		
9.	Bankers Business Account Holding Certificate : (Original on Bankers Letter Head)			
10.	Attach Xerox copy of Government Internal Revenue Tax Department Registration Certificate & Number :			
11.	Attach Xerox copy of Government Business Registration Certificate & Number :			
12.	Attach Xerox copy of Government Tourism Authority Registration Certificate & Number :			

13. Your IATA Agency Number	Your Hotel Category & Registration :
14. If not IATA Agency then IATA / Consolidators / G.S.A.'s Agency Name through which you buy Travel Products :	
A)	B)
15. Your Hotel / Resort Category & Government Registration Certificate & Number :	

16. Classification of Your Agency Business Operations (Please ✓)

<input type="checkbox"/> International Air Ticketing	<input type="checkbox"/> Domestic Air Ticketing	<input type="checkbox"/> Cruise Company / Promotion
<input type="checkbox"/> Passport Assistance	<input type="checkbox"/> Visa Assistance	<input type="checkbox"/> Coach Tours
<input type="checkbox"/> Hotel Reservations / Representative International / Domestic	<input type="checkbox"/> Hotel / Resort International / Domestic	<input type="checkbox"/> Travel Consultant
<input type="checkbox"/> Tourism State / Province Promotion Authority / Board / Organisation	<input type="checkbox"/> Destination Promotion	<input type="checkbox"/> Car Rentals
<input type="checkbox"/> Museum, Attraction - Entertainment - Intl. / Domestic	<input type="checkbox"/> Travel IT Software Company	<input type="checkbox"/> Surface Transport Provider
<input type="checkbox"/> Student Education Promoter-Intl./Domestic	<input type="checkbox"/> Travel Trade Publication	<input type="checkbox"/> Others (Please Specify)
<input type="checkbox"/> Surface-Coach-Railway-Cable Car-Transport's Ticket Provider	<input type="checkbox"/> Job Placement Recruiting	
<input type="checkbox"/> Currency Exchange Bureau	<input type="checkbox"/> Booking Intl. Tours / Domestic	
<input type="checkbox"/> Booking Tours International	<input type="checkbox"/> Travel Education Provider	
<input type="checkbox"/> Booking Cruises : Intl. / Domestic		

17. Types of Clientele (Please ✓)

<input type="checkbox"/> Individuals	<input type="checkbox"/> Groups	<input type="checkbox"/> Foreigners, Expats / Tourist
<input type="checkbox"/> Families	<input type="checkbox"/> Honeymooners	<input type="checkbox"/> Professionals
<input type="checkbox"/> Recruiting Agents	<input type="checkbox"/> Institutions	<input type="checkbox"/> Business Houses
<input type="checkbox"/> Corporate Houses	<input type="checkbox"/> Exporters & Importers	<input type="checkbox"/> Govt. Organisations
<input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Students School / University	<input type="checkbox"/> Senior Citizens / Handicap Persons

18. Main Destinations (Please ✓)

<input type="checkbox"/> Europe	<input type="checkbox"/> USA	<input type="checkbox"/> Australia	<input type="checkbox"/> Central / Eastern Europe
<input type="checkbox"/> South East Asia	<input type="checkbox"/> South America	<input type="checkbox"/> Arabian Gulf	<input type="checkbox"/> Africa
<input type="checkbox"/> Central Asia (CIS)	<input type="checkbox"/> Pacific Region	<input type="checkbox"/> Others (Please specify)	

19. (A) Number of Travellers Handled per Year : (B) Average Yearly turnover U.S. \$ / Euros

<input type="checkbox"/> International Airlines	<input type="checkbox"/> Domestic Airlines	<input type="checkbox"/> Other Services Please Tick ✓
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20. Total Staff : Males Females

21. Creating your own brochures to promote business ? Yes / No (If yes, enclose xerox)

22. Business Promotion Advertising (Please ✓)

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Magazines	<input type="checkbox"/> Pamphlets	<input type="checkbox"/> Souvenirs	<input type="checkbox"/> Hoardings	<input type="checkbox"/> Council Designated Places
<input type="checkbox"/> Shop Display	<input type="checkbox"/> Banners	<input type="checkbox"/> Tele-Ads	<input type="checkbox"/> Street Light Post	<input type="checkbox"/> Others (Please specify)	

23. In Travel Industry Since : 24. Ex. Industry Work Experience :

25. Affiliation to International Travel & Commerce Organisations / Associations (Please ✓)

<input type="checkbox"/> ASTA	<input type="checkbox"/> PATA	<input type="checkbox"/> JATA	<input type="checkbox"/> ETOA	<input type="checkbox"/> WTO	<input type="checkbox"/> UFTAA	<input type="checkbox"/> WATA	<input type="checkbox"/> Others (Please specify)
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26. Recreational Club's Memberships : with support of Xerox copy of Certificates.

27. Additional Company information not covered in Form : (Please provide on your Business Letter)

Date : Place : Country :

Payment enclosed International Pay Order / Draft No.	Dated	Bank
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Proposed by : Seconded by :

(Existing ETAA Member) (Signature of Applicant with Company Seal / Stamp)

I. INSTRUCTIONS

1. Application Form should be filled in Block Letters. **INCOMPLETE APPLICATIONS WILL BE REJECTED.**
2. Separate **International Banker's Pay Order / Draft** must accompany each application form which should be sent by courier / Post Recommande to us at our Registered Office Address of ENTERPRISING TRAVEL AGENTS ASSOCIATION, given on the top of this application form.
3. Please tick-mark(✓) as applicable and mark **N/A**, if the information, in Application form, is not applicable or relevant in your case, while filling the Application Form.
4. Membership Registration - INR 7,500/= & Yearly Subscription - INR 5,000/= Fees payable on application, Membership Yearly Renewal Subscription Fee is required to be paid for Financial Year starting from 1st April to 31st March, in advance.
5. Complete information must be filled in English. Incomplete applications cannot be processed.
6. **International Banker's Pay Order / Draft** should be crossed "Account payee only" made payable to ENTERPRISING TRAVEL AGENTS ASSOCIATION, Mumbai, India.
7. **BANK TO BANK TRANSFER** of Membership Registration & Yearly Subscription Fees, could also be sent through "SWIFT" method by the following details :-

Beneficiary Name	:-	ENTERPRISING TRAVEL AGENTS ASSOCIATION
Beneficiary Account No.	:-	352201010036551.
Beneficiary Bank	:-	UNION BANK OF INDIA, MUMBAI, INDIA.
SWIFT CODE	:-	UBININBBOPH
Correspondent Bank	:-	(For to send in USD\$) Bank of New York, New York, USA. SWIFT CODE :- (For USD\$) - IRVTUS3N.
Correspondent Bank	:-	(For to send in GBP) Natwest, London, U.K. SWIFT CODE :- (For GBP) - NWBKGB2L.
Correspondent Bank	:-	(For to send in EURO) Commerze Bank, DU, Germany, SWIFT CODE :- (For EURO) - COBADEDD.

PLEASE NOTE THAT BANK'S CHARGES ARE TO BE BORNE BY YOU OVER AND ABOVE THE ETAA REGISTRATION & YEARLY SUBSCRIPTION FEES.

8. Please provide complete and correct information as required and this will support the Association to build and form a cumulative strength together, for the mutual benefit of all members. All your information will be strictly considered as confidential.
9. Every application will be proposed and seconded by an existing ETAA Member.
10. This application is not meant for use by the general public.
11. Attention of the applicant is invited to the provisions of Sub-Section(1) of Section 68-A of the Companies Act, 1956 which is reproduced hereunder :

Any person who -

- (a) makes in a fictitious name, an application to a company for acquiring or subscribing for any shares therein or -
- (b) otherwise includes a company to allot, or register any transfer of shares therein to him or any other person in a fictitious name shall be punishable with imprisonment for a term which may extend to five years.

II. MEMBERSHIP ELIGIBILITY :

1. One who is exclusively engaged in tours and travel agency business or act as agent for booking of all kinds and types of tickets of any mode of transport and / or promote the provision of all types and kinds of conveniences and facilities of all types for tourist and / or travelers but shall not include those who are exclusively engaged in the business of transportation of goods and / or other mercantile.
2. Any person carrying on the business of tours and travel agency and who satisfies the following requirements shall be eligible to become a member :
 - (a) Who is a Tours & Travel Agent who has its main objective of carrying on business of Tours & Travels or Travel related Services.
 - (b) Who satisfies such other qualifications as may be prescribed by the Board of Directors from time to time;
 - (c) Whose Membership has not been terminated under Article 24 of the Articles of Association;
 - (d) The Board of Directors reserves the full and uncontrolled rights to accept or reject any application without assigning any person.
3. Affiliate Members : Any Travel Service provider i.e. Airlines, IATA Agents, Hotels, NTO's, Cruise Companies etc. will be admitted as Affiliate Members without voting rights.

DECLARATION BY THE APPLICANT FIRM / COMPANY

We, as Member of the "Enterprising Travel Agents Association", do hereby solemnly declare and agree that we shall abide by and be governed by the Articles of Association of the Company for the time being in force.

We shall also observe and abide by the Decisions and Recommendations of the Board of Directors.

We shall treat as confidential all circulars, documents and other materials issued or supplied by the Association.

We shall always subscribe, promote and further the objects and purposes of the Association without any hindrance or a cause of concern to other members or to the ETAA and other travel trade Associations.

For

Seal of the
applicant
Company

(Signature)

FOR OFFICE USE ONLY

Decision of the Committee / Chapter Chairman

Recommended
 Not Recommended
 Deferred

Meeting held on _____ / _____ / _____ at _____

Signature of the Chapter Chairman _____

Received at ETAA Head Quarters on _____ / _____ / _____

Signature of the Executing Officer at ETAA, Mumbai _____

Checked and found in order by the Executive Secretary, ETAA _____

Documents Received with Application :

Decision of the Managing Committee

- Approved
 Not Approved
 Deferred
 Referred back to Committee / Chapter Chairman
 Referred back to the prospective member for completion of criteria

Meeting held on _____ / _____ / _____ at _____

Signature of the Chairman - Membership Committee _____

Payment Details : Received on _____ / _____ / _____ by International Pay Order / Draft No.

_____ drawn on _____ bank and in City _____

Country _____