

THE IATA AGENTS ASSOCIATION OF INDIA

Application Form

For

Strategic Partner Membership

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

APPLICATION FORM

1. Name of Applicant Firm / Company	
2. Active IAAI Members	
3. Date of Incorporation	
4. Type of Ownership	Proprietary / 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	
Name of your two authorized representati	ves
Name:	Name:
Designation:	Designation:
Mobile No:	Mobile No:
Email:	Email:

Is your Firm/Company member of any other trade association i.e. (if yes, please			
attach copy of the latest certificate)			
IATO / OTOAI / TAAI / TAFI / ADTOI/ ETAA / ASTA / PATA / (Other)			

We hereby certify that the information given above is true, correct 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.

Admission Membership Fee / Annual Subscription Fee

(VALIDITY PERIOD OF MEMBERSHIP – 01 JANUARY TO 31 DECEMBER)

Admission Fee (Inclu	udes First Year Annual Subs	cription)	
Amount	Service Tax / Cess	Total (INR)	
4900	711	5611	
Annual Renewal Sub	scription		
Amount	Service Tax / Cess	Total (INR)	
4400	638	5038	
(Rupees	TA Agents Association of In)
Name:		Signature & Seal	
Designation:		Date:	

Recommendation by 2 IAAI Members

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

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

For Office Use

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State	('Ami	mittee:
Dian	Com	mittee.

Application scrutinized / reco	ommended by
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President / Secretary :

Signature & Seal :

Date :

Central Secretariat:

Approved by President / General Secretary:

Signature & Seal:

Registration No Allotted:	Date:	
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