

## THE IATA AGENTS ASSOCIATION OF INDIA

# Application Form

For

## Trade Partner Membership

Name of Applicant	:			 	
Proposed By	:	 ,			<del></del> >
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 Pusiness	
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

Designation:			
3			
Mobile No:			
Email:			
any other trade associa	tion i.e. (if yes, please		
I/ ETAA / ASTA / PATA	/ (Other)		
? YES / NO	YES / NO		
Inbound / Out	Inbound / Outbound		
BERSHIP – 01 JANUARY			
GST	Total (INR)		
500 (One time)	3500		
CCT	Total (IND)		
With the second	Total (INR) 3000		
Nosociation of India"	for Rs)		
	any other trade associa ) // ETAA / ASTA / PATA ? YES / NO Inbound / Out ion given above is true nd that no information ed or withheld.  sion / Subscription Fed BERSHIP – 01 JANUARY  Annual Subscription) GST 500 (One time)  GST 0		

#### **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

<b>State Committee:</b>
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President / Secretary :

Signature & Seal :

Date :

#### **Central Secretariat:**

Approved by President / General Secretary:

Signature & Seal:

Registration No Allotted:	Date:	



## THE IATA AGENTS ASSOCIATION OF INDIA

IAAI Bhavan, Enchakalody Towers, LFC Road, Above Post OfficeKaloor, Kochi - 682017, Kerala, India

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