



**THE TRAVEL AGENTS FEDERATION OF INDIA**  
Application Form for Active/Associate/Allied/Affiliate Membership  
(Circle the applicable category)

Date of Application : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

APPLICANT'S NAME AND ADDRESS	
Desired Membership Name	
Trading Name if other than above	
Date of Establishment	
Date of incorporation	
Address	
Address	
City / Pin Code	
Phone	
Fax	
Email	
Registered Address if Other than above	
Address	
Address	
City / Pin Code	
Phone	
COMPANY INFORMATION	
THE APPLICANT COMPANY IS : (Please tick in appropriate square)	
Proprietary Concern <input type="checkbox"/>	Partnership Concern <input type="checkbox"/>
Private Limited Company <input type="checkbox"/>	Public Limited Company <input type="checkbox"/>
CAPITAL INVESTED IN CASE OF :	
A. A sole proprietary concern	Rs.
B. Partnership Firm	Rs.
C. A Limited Company	Rs.
NAMES AND DETAILS OF SUMS INVESTED BY :	
A. Partners	1. 2. 3. 4.
B. Directors and Major Shareholders (20% or more of paid up capital)	1. 2. 3. 4.
Name of your Bankers	
Name of your Auditors	
HAS THE COMPANY CHANGED NAME OR OWNERSHIP WITHIN THE LAST 6 YEARS    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, Please give details	

### DO YOU HAVE BRANCHES OR SUBSIDIARY OFFICES

If yes, please list your branch offices	
---	--

Do the owners, Shareholders, Managers have financial interest or managerial control in any other travel related company? If Yes please give details


### ACCREDITATION

Code	Code	Date of Recognition	Bank Guarantee
IATA			

### CURRENT MEMBERSHIPS AND APPROVALS

	Yes	No	Effective Date
Dept. of Tourism, Government of India			
Dept. of State Tourism			
IATO			
ASTA			
PATA			
JATA			
FHRAI			
HFI			
ADTOI			
Any other			

### WHAT IS THE PRINCIPAL BUSINESS OF YOUR COMPANY ? WHEN ESTABLISHED


### YOUR NET SALES FOR LAST TWO YEARS

	Year :	Year :
Sales on International Airlines		
Sales on Domestic Airlines		
Commission earnings on Hotel Booking & Vacation packages		
Commission earnings and service charges on car rentals & other miscellaneous services		

### ABOUT YOUR OFFICE

Own Office space used for company purpose	
Rented office space used for company purpose	
Total Managerial Staff	
Total Administrative Staff	
IATA Qualified Travel Counsellors (included in above staff strength)	
Non-IATA Qualified Travel Counsellors (included in above staff strength)	

Are you an inbound tour operator ? Yes  No

If Yes, Your inward remittance earning last year

Do you own tourist vehicles at H. O. OR Branch Locations :

Type of vehicles	Location

Do you have Money Changer's License issued by RBI Yes  No

If Yes, License No., Date of Issue & Validity.

ABOUT YOUR REPRESENTATIVE TO WHOM ALL CORRESPONDENCE WILL BE ADDRESSED TO		
Name of the Authorised Rep.	Details if previously worked for agency, Tour operator, G.S.A.	Previously represented TAFI forum
Name of the Rep. 1		
Name of the Rep. 2		

"By signing hereunder, we agree and undertake that, if we are selected to become Members of Travel Agents Federation of India, (TAFI), we shall abide by the Rules and Regulations of the Federation, as amended from time to time, and also abide by the directives given by the Managing Committee of TAFI, from time to time, and we also agree that all disputes regarding membership, its application acceptance and/or rejection or any other matter pertaining to membership and/or suspension and expulsion of membership from TAFI, and/or pertaining to implementation of rules and regulations of TAFI, and all other disputes of whatsoever nature, whether before or after becoming members of TAFI, shall always be subject to Mumbai jurisdiction only."

Name of the authorised signatory	
Designation	
Signature	
Date :	Company Seal

We know the applicant and the information supplied by the applicant is to the best of our knowledge true and correct. We hereby propose the applicant for the membership of the Association.

PROPOSER : (Must be an active Member)	SECONDER : (Must be an active Member)
Name of the Company	Name of the Company
Name of the Authorised Representative	Name of the Authorised Representative
Signature of the Authorised Representative	Signature of the Authorised Representative
Date :	Date :
Company Seal	Company Seal

LIST OF ENCLOSURES	
IATA Accreditation	
Memorandum of Articles	
Shops & Establishment License	
Audited Balance Sheet / Profit & Loss A/c / Returns of Income (Last 3 Years)	



# THE TRAVEL AGENTS FEDERATION OF INDIA

## NEW MEMBERS FEES (effective 1st April 2009)

	Entrance	1 year subscription	10.3% ST on both	UFTAA contribution	WTAAA contribution	TAFI certificate	Total
Active	5000	3125	837	500	500	200	10,162
Allied	5000	1563	676	NIL	NIL	200	7439
Affiliate	5000	1563	676	NIL	NIL	200	7439
Associate	5000	1563	676	500	500	200	8439

All payments should be made by a bank draft drawn on a Mumbai Bank in favour of "The Travel Agents Federation of India" and must accompany the application.

**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 TAFI Head Quarters on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of the Executing Officer at TAFI, Mumbai \_\_\_\_\_

Checked and found in order by the Executive Secretary, TAFI \_\_\_\_\_

Decision of the Managing Committee  Approved  
 Not Approved  
 Deferred  
 Referred back to Committee / Chapter Chairman

Meeting held on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_

Signature of the Chairman - Membership Committee \_\_\_\_\_

Payment Details: Received on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by cheque No. \_\_\_\_\_ drawn on  
 \_\_\_\_\_ bank and in \_\_\_\_\_ City.

# LETTER OF UNDERTAKING ON RS. 100/- STAMP PAPER AND TO BE NOTARIZED

To,  
The Hon. Secretary,  
Travel Agents Federation of India  
National Secretariat : 509 "The Avenue"  
International Airport Road, Opp. Hotel Leela,  
Andheri East, Mumbai - 400 059.

We \_\_\_\_\_ hereby apply for membership of Travel Agents Federation of India, as per the enclosed membership application form in the Active / Associate/ Allied /Affiliate category.

1. We hereby agree and undertake that upon induction as a member of Travel Agents Federation of India (TAFI), we shall abide by the Rules & Regulations of TAFI, as amended from time to time, and also abide by the directives given by the Managing Committee of TAFI, from time to time, and we also agree and undertake that all disputes regarding membership, its application acceptance and/or rejection or any other matter pertaining to membership and/or suspension and expulsion of membership from TAFI, and/or pertaining to implementation of rules and regulations of TAFI, and all other disputes of whatsoever nature, whether before or after becoming members of TAFI, shall always be subject to Mumbai jurisdiction only.
2. We hereby agree and undertake to attend at least 50% of the meetings of the Chapter from which we have applied for membership of TAFI
3. We hereby understand that if we do not abide by aforesaid para. 1 & 2, we are liable to be expelled from the membership of TAFI on any one or more of the aforesaid grounds. Such a decision to expel us by the TAFI Managing Committee shall be final and binding upon us. We hereby agree and undertake to forgo our right, if any, to challenge the decision of the Managing Committee of TAFI to expel us on aforesaid grounds.
4. We hereby agree and undertake to inform TAFI regarding any change in the Constitution or structure or ownership or location etc. within 30 days of such changes.

Yours Sincerely,

For \_\_\_\_\_

Signature :

Name :

Designation :

Encl : 1) Membership Application form  
2) Cheque number \_\_\_\_\_ dated \_\_\_\_\_  
drawn on \_\_\_\_\_  
bank \_\_\_\_\_ branch \_\_\_\_\_  
for Rs. \_\_\_\_\_ towards entrance fees and annual subscription  
for the year \_\_\_\_\_

SUPPLEMENTARY INFORMATION  
(For Allied Membership only)

<p>If an Airline :</p> <p>Have you any General Sales Agents any where in India ? If so give name &amp; locations. (Use Annexure if needed)</p>	
<p>If a Hotel are you</p> <p>(i) A member of the Hotel Federation of your country (Attach copy of membership)</p> <p>(ii) Recognised by the Department of Tourism, of your country.</p> <p>(iii) State Department of Tourism. (Attach copy of Recognition)</p>	
<p>If an Excursion Agent , please state</p> <p>(a) No. of tourist vehicles</p> <p>(b) Are you recognised by</p> <p>(i) of your country, Department of Tourism (Attach copy of recognition)</p> <p>(ii) State Department of Tourism (Attach copy of recognition)</p>	
<p>If a Tour Operator :</p> <p>(i) Do you handle Inbound tourist traffic ? If so :</p> <p>(a) Indicate Foreign Exchange earnings for previous year.</p> <p>(b) Are you recognised by of your country, Dept. of Tourism ? (Attach copy of recognition)</p> <p>(c) Do you hold a Money Changers Licence ? If yes, give number, date of issue and validity (Attach copy of recognition)</p> <p>(ii) Do you promote outbound package tours ? If so</p> <p>(a) Indicate sales turnover for previous year.</p> <p>(b) Do you hold a Licence to book Foreign Passangers ? If so, give number date of issue and validity (Attach copy of recognition)</p>	

**SUPPLEMENTARY INFORMATION**  
(For Affiliate Membership only)

Name of the Agency	
Address	
Date of Incorporation / Registration	
Licence from local authorities	
Number of Staff	
Company's PAN number	
Company's Balance sheet / P&L Account-2 Yrs	
Company's Income Tax return-2 Yrs	
Banker's confidential Report	
Name of the IATA Agency with whom you have been dealing	

We are informed by TAFI and we hereby agree that we shall have no voting rights in any matter whatsoever and we hereby undertake not to demand any voting rights in any matter whatsoever nature of TAFI.

Signature \_\_\_\_\_ Office Seal \_\_\_\_\_

\*Attach copies

\*\*Attach original letters.