



ASSOCIATION OF SOUTH AFRICAN TRAVEL AGENTS

APPLICATION FORM FOR TRAVEL PARTNERS

Important Notes:

Any travel or tourism-related company or organization as defined in the Terms of Reference is welcome to apply to become a Partner whether they are based in South Africa or outside the RSA.

[Foreign applicants: Membership of your local travel/trade association is necessary before application is made to join the Partner Section; please furnish a copy of any document confirming membership.]

1. Complete in block letters or type
2. Tick appropriate blocks
3. Answer all questions
4. Attach proof of payment for the prescribed administration fee, made payable to ASATA

Membership of ASATA Partners will be classified as follows:

Accommodation	<input type="checkbox"/>
Airlines	<input type="checkbox"/>
Car Rental	<input type="checkbox"/>
Coach Operators	<input type="checkbox"/>
Cruise Lines / Passenger Ships	<input type="checkbox"/>
Education & Training	<input type="checkbox"/>
Embassies / High Commissions / Consulates	<input type="checkbox"/>
Financial Institutions	<input type="checkbox"/>
Foreign Trade Associations	<input type="checkbox"/>
Game Parks / Lodges	<input type="checkbox"/>
General Sales Agents	<input type="checkbox"/>
Insurance	<input type="checkbox"/>
Meetings, Incentives, Conferences & Events Organisations (MICE)/PCOs	<input type="checkbox"/>
Passenger Railways	<input type="checkbox"/>
Publicity Associations	<input type="checkbox"/>
Technology	<input type="checkbox"/>
Travel Media	<input type="checkbox"/>

1. Name of Company, Close Corporation, Partnership, Sole Proprietorship or other (hereinafter referred to as "Applicant")

(a) If the Applicant has a trade name please provide this here

(b) If this application is in respect of change of Trading Name, give previous trading name

2. Is this application in respect of a

Company Public Limited Liability

Close Corporation

Partnership

Sole Proprietor

Other

Specify 'Other' _____

Registration number _____

Date of Registration _____

VAT Number _____

3. Registered address of Head Office:

P. O. Box _____ Post Office _____

Postal Code _____ Docex No _____

Telephone No _____ Fax No _____

Email address _____

Website _____

Street Address (in full)

4. Registered addresses of **branch offices** (if application is being made for more than 1 (one) office please provide this information for each office).

A. P. O. Box _____ Post Office _____

Postal Code _____ Docex No _____

Telephone No _____ Fax No _____

Nominated contact person: _____

Cell phone number _____ E-mail address _____

Website _____

Street Address (in full)

B. P. O. Box _____ Post Office _____

Postal Code _____ Docex No _____

Telephone No _____ Fax No _____

Nominated contact person: _____

Cell phone number _____ E-mail address _____

Website _____

Street Address (in full)

C. P. O. Box _____ Post Office _____
Postal Code _____ Docex No _____
Telephone No _____ Fax No _____
Nominated contact person: _____
Cell phone number _____ E-mail address _____
Website _____
Street Address (in full)

D. P. O. Box _____ Post Office _____
Postal Code _____ Docex No _____
Telephone No _____ Fax No _____
Nominated contact person: _____
Cell phone number _____ E-mail address _____
Website _____
Street Address (in full)

E. P. O. Box _____ Post Office _____
Postal Code _____ Docex No _____
Telephone No _____ Fax No _____
Nominated contact person: _____
Cell phone number _____ E-mail address _____

5. Full names of all Directors (and Alternate Directors), or all Partners with financial interest, or Sole Proprietor as the case may be. Attach schedule if necessary.

DIRECTORS: 1. _____
2. _____
3. _____
4. _____

SHAREHOLDERS: 1. _____ %
2. _____ %
3. _____ %
4. _____ %

List all Sleeping Partners and/or Financial Backers not actively involved in the business.

1. _____
2. _____
3. _____

If any of the persons named above have any direct or indirect interest in any Travel Agency, Airline, etc details of such interest must be given.

1. _____
2. _____

6. Any supplementary information which you feel might assist and promote this application

I, _____ being duly authorised to make application on behalf of the above-named Applicant hereby declare that the answers given above and on any Annexures, are true and correct in all respects.

Date _____ Signed at _____

Name of person completing form:

Signature

Position held in Company

Company Stamp

**ALL COMPLETED APPLICATION FORMS
MUST BE RETURNED TO:**

The Chief Executive
ASATA
P. O. Box 3062
Saxonwold
2132

2010 MEMBERSHIP FEE

***Payable for Regional and/ or National Partner applications**

*Administration fee R 935 (incl. VAT) Must accompany application form

*Once off entrance fee R 5 885 (incl. VAT) (Payable first year only)

Regional Partners subscriptions R 5 885 (incl. VAT)

or,

National Partners subscription R14 820 (incl. VAT)