



ASSOCIATION OF SOUTH AFRICAN TRAVEL AGENTS

APPLICATION FORM FOR ASATA WHOLESALE MEMBERSHIP

Important Notes:

1. Please complete this application 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

New Application		Change of ownership or shareholding	Change of trading name
Regional	National		

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

(a) If the applicant has a trade name please state such name here

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

(c) Company's registration number _____

Date of registration _____

(d) Company's VAT number _____

2. Registered address of applicant:

P.O. Box _____ Post Office _____

Postal Code _____ Docex No _____

Telephone No _____ Fax No _____

Nominated contact person within the Wholesaler: _____

E-mail Address _____

Website _____

Street Address (in full) _____

Group Member _____ Independent _____

3. Registered address of Head Office:

P.O. Box _____ Post Office _____

Postal Code _____ Docex No _____

Telephone No _____ Fax No _____

E-mail Address _____

Website _____

Street Address (in full) _____

(Please note: A separate form is required for each and every location)

4. CATEGORY

(Please note: A separate form is required for each category and location address. The applicable membership criteria is attached)

Outbound Wholesale Company

Is this application in respect of a:

Company Public Limited Liability

Close Corporation Partnership Sole Proprietor

Other Specify 'Other' _____

5. Is the applicant IATA approved

YES NO Application pending (proof required)

If **YES**, please state IATA reference number: _____

If **NO**, please outline how you plan to issue airline tickets? _____

6. Financial year end (month) _____

Name of Auditors _____ Tel No _____

7. Type of premises (e.g. Shop, Office etc.) _____

8. Location (e.g. Ground Floor, Shopping Complex etc.) _____

9. Is any other business being conducted from these premises

YES NO

10. If yes, give full details

11. How and where do you market your products currently

12. How many copies did you print of your current brochure/s? Please attach a copy of your latest brochure/s

How are these brochure/s distributed – quantity / destination

13. What percentage of your business is direct (from the consumer)

14. What percentage of your business is through a retail office affiliated by ownership to your wholesale company

15. What percentage of your business is through retail agencies in no way affiliated to your wholesale company

16. Was there a change in ownership or shareholding of your company in the last two years? If yes, please give details

17. Business specialty:

LEISURE or % _____ CORPORATE or % _____

18. (a) Date of commencement of Wholesaler (new application)

(b) Date of change of ownership _____

OR

c) Date of change of trading name _____

19. 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/ Members : 1. _____
2. _____
3. _____
4. _____

Shareholders / Members: 1. _____ %
2. _____ %
3. _____ %
4. _____ %

(Please note: If any of the persons named above has any direct or indirect interest in another travel agency, airline, etc. details of such interest must also be stated).

20. (a) Is / are any of the above (Point 21) employed at the Wholesaler?

YES NO

(b) If yes to (a), give name(s):

21. Has any Director/Partner / Sole Proprietor / CEO or Staff Member of the applicant

(a) By reason of improper conduct been dismissed or asked to leave from a position of trust?

YES NO

(b) Been convicted of an offense involving dishonesty?

YES NO

22. Has any Director / Shareholder / CEO ever been liquidated or placed under judicial management?

YES NO

(Please note: If the answer to question 23(a), 23(b) or 24 is yes, an Affidavit must be attached to this application giving full particulars.)

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

24. Please give reasons for applying for ASATA membership.

25. Letters of reference from the Travel Industry may be advantageous and provide supporting information with regard to the application.

I, _____ being duly authorized 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 aspects. I also confirm that the applicant agrees to abide by the requirements of the ASATA Code of Conduct and applicable Terms of Reference and Conventions between Sections as entered into from time to time.

Signed at _____ on this _____ day of _____ 20_____

Name of Person completing form

Signature

Position held in the company _____

Company stamp _____

Supporting documents to be submitted with this application:

Annexure A – Trade Licence Agreement

Annexure B – Audit Report

Annexure C – Directors /CEO / Members Personal details with copies of ID's / Passport

Annexure D – Employee Details with FULL CV's and proof of qualifications

CIPRO Registration forms

**ALL FULLY COMPLETED APPLICATION FORMS WITH
NON-REFUNDABLE ADMINISTRATION FEE
MUST BE RETURNED TO:**

**ASATA
P O Box 3062
Parklands**

2010 Membership Fee (Wholesaler Members):

Administration fee	R 935.00 (incl. VAT) Must accompany application form
Once off entrance fee	R5,885.00 (incl. VAT)
Subscriptions per annum	R5,885.00 (incl. VAT) or
National Partners subscription	R14 820 (incl. VAT)