

MEMBERSHIP APPLICATION FORM

CHHATTISGARH TRAVEL TRADE ASSOCIATION



TRUST YOUR LOCAL TRAVEL PARTNER

For more information please contact:

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RECEIVED ON : _____

"TRUST YOUR LOCAL TRAVEL PARTNER"

APPLICATION FORM FOR C.G.T.T.A

1. NAME OF FIRM/COMPANY _____
(As per Registered Name/Trade Name if any)

2. MAIN LINE OF BUSINESS **(Please tick one)**

TRAVEL AGENT/TOUR OPERATOR
 HOTEL MARKETING REPRESENTATIVE
 HOTEL/RESORT/CAMP
 TRANSPORT/AIRLINES
 OTHERS

3. REGISTERED OFFICE ADDRESS _____

4. OFFICE ADDRESS WHERE CORRESPONDENCE TO BE ADDRESSED
 (If different from above) _____

5. NAME OF YOUR TWO AUTHORISED REPRESENTATIVE :
 (Please attach 2 PHOTOGRAPHS EACH)

REPRESENTATIVE 01		REPRESENTATIVE 02	
NAME		NAME	
Date of Birth		Date of Birth	
Anniversary		Anniversary	
Blood Group		Blood Group	

6. CONTACT PHONE NO. _____

7. CONTACT FAX NO. _____

8. CONTACT E-MAIL ID _____ WEBSITE :

9. EMERGENCY CONTACT NO. _____
 (MOBILE OR RESIDENCE)

10. STATUS OF APPLICANT **(TICK ONE)**

CORPORATION/PUBLIC LTD./PVT.LTD/
 PARTNERSHIP/SOLE PROP./OTHERS
 (PLS ATTACH MOA / PARTNERSHIP DEED)

11. INCOME TAX PERMANENT ACCOUNT NO. _____
(Mandatory Please Attach copy)

12. APPROX OFFICE AREA (IN SQ.FT.) _____
13. IN BUSINESS SINCE WHEN _____
(ATTACH VALID PROOF i.e. G.S.T Registration No. , Copy of Bank a/c, water electricity bill etc)
14. GST Registration No. _____
(Mandatory Please Attach copy)
15. Is your Firm/Company member of any other
Association i.e. TAAI/TAFI/IATA/IATO/ADTOI or any other
(If yes, please attach copy of latest certificate) _____
16. Is your firm/company Department Of Tourism approved
(if yes please attach certificate) _____
17. In what ways you can contribute in the growth of CGTTA : _____

18. Total number of full time staff dedicated solely to the travel business **(Mandatory)** : _____

MEMBERSHIP ELIGIBILITY

CHHATTISGARH TRAVEL TRADE ASSOCIATION

- Travel Agents / Tour Operators / Tourism Service provider should be based in the State of Chhattisgarh
- Should have completed two years of operations in the travel business
- Should have a dedicated office for the travel business with a minimum area of 100 sq. ft (**shared office with other business will not qualify**)
- Should have a minimum of 04 full time staff members dedicated solely for the travel business.

LIST OF REQUIRED DOCUMENTS

1. Completed application form with seal and sign of Introducer and Supporter
2. Copy of Pan card.
3. Copy of GST Registration Certificate.
4. Two Passport size photograph.
5. Onetime membership fee of Rs. 5,000/- plus yearly membership fee of Rs. 3,000/-
6. Validity of membership : from April to March. After March renewal fee of Rs 3,000/-

DECLARATION BY THE APPLICANT

(To Be Printed & Signed on Letter Head)

- A. I / We hereby agree to intimate the association in writing within Three months of any change in the present Ownership of the Firm/Company.
- B. I / We understand that our Application for Membership may be rejected without assigning any reason whatsoever and have no objection to this.
- C. I / We hereby declare that the information provided by me/us in the application is true and correct to my knowledge and belief.
- D. I / We agree to accept and abide by all decisions taken by the Executive Council from time to time
- E. I / WE understand and agree that in case of any dispute or argument the decision of the Executive Council will be final and binding and cannot be challenged in the court of law

Name & Designation

Date

Signature with Stamp of the Firm / Company

INTRODUCTION BY 2 CGTTA MEMBERS

We Certify To Have Known The Above Party To Be In Business Of Tourism Related Industry and we Introduce and support their candidature for the membership of CGTTA

CHHATTISGARH TRAVEL TRADE ASSOCIATION

INTRODUCED BY

SUPPORTED BY

CGTTA MEMBER. _____

CGTTA MEMBER. _____

CGTTA MEMBER SINCE _____

CGTTA MEMBER SINCE _____

REPRESENTATIVE _____

REPRESENTATIVE _____

SIGNATURE _____

SIGNATURE _____

(WITH STAMP)

(WITH STAMP)

DATE :

DATE :

FOR INTERNAL OFFICE USE

Application scrutinized on _____

By Members

Status of Membership

Remarks

FOUNDER MEMBER 1

OFFICE INCHARGE

MEMBERSHIP RATIFIED BY MEETING ON _____

INSPECTED BY

MEMBERSHIP ALLOTTED

ISSUED CERTIFICATE ON



CHHATTISGARH TRAVEL TRADE ASSOCIATION

FOUNDER MEMBER 1

FOUNDER MEMBER 2

FOUNDER MEMBER 2