



ASSOCIATION OF
SOUTHERN AFRICAN TRAVEL AGENTS

APPLICATION FORM FOR TRAVEL AGENCY MEMBERSHIP

Important Notes:

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

New Application form:

Change of ownership or shareholding:

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 shareholding / Name change, please give previous trading name (if applicable)

(c) Company's registration number _____

(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 Travel Business: _____

Mobile number _____ E-mail Address _____

Designation _____ Website _____

Street Address (in full) _____

Member of Travel Grouping _____ Independent _____

3. Please list location of all branches / in-houses (if any)

4. Is this application in respect of a:

Company	<input type="checkbox"/>	Public	<input type="checkbox"/>	Limited Liability	<input type="checkbox"/>
Close Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>
Other	<input type="checkbox"/>	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. Which Global Distribution System does your office make use of?

Travelport ☐ Amadeus ☐ Sabre ☐ None ☐ Other ☐ _____

7. Does your travel business assist consumers with the following:

- Domestic Air Travel - Yes / No
- International Air Travel - Yes / No
- Purchase of Foreign Exchange - Yes / No
- Visa Applications - Yes / No
- Domestic Hotel - Yes / No
- International Hotel - Yes / No
- Domestic Ground transfers - Yes / No

8. Financial year end (month) _____

9. Location (Office block, Shopping Complex, home office etc.) _____

10. Is any other business being conducted from these premises

YES ☐ NO ☐

11. If yes, give full details: _____

12. Business specialty:

Leisure _____% / Corporate _____% / Government _____%

13. (a) Date of commencement of Travel Business (new application) _____

(b) Date of change of ownership _____

c) Date of change of trading name _____

14. Full names of all Directors (and Alternate Directors), or all Partners with financial interest, or Sole Proprietor as the case may be. ***Please attach CIPC registration document.***

Directors or Members:

1. _____
2. _____
3. _____
4. _____

Shareholders:

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)

15. (a) Is / are any of the above (Point 16) employed at the Travel Business?

YES ☐

NO ☐

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

16. Has any Director/Partner / Sole Proprietor / CEO or Staff Member previously

(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 ☐

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

YES ☐

NO ☐

(Please note: If the answer to question 16(a), 16(b) or 17 is yes, an Affidavit must be attached to this application giving full particulars.)

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

19. Please give reasons for applying for ASATA membership.

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 or any supporting documentation 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, ASATA Constitution, 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 _____

Supporting documents to be submitted with this application:

Full Membership:

Full set of Audited Financial Statements / Independent review
Annexure C – Directors /CEO / Members Personal details
Annexure D – Employee Details & full CV's with proof of qualifications
CICP Company registration document
BBBEE certificate or letter of exemption
Valid Tax clearance certificate
Photos of inside and outside view of the travel business
Letters of reference from an ASATA Member

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

**ASATA
P O Box 650539
Benmore
2010**

2015 MEMBERSHIP FEE:

Administration fee (non-refundable)	R1 550.00 (incl. VAT) Must accompany application form
Once off entrance fee	R9 051.00 (incl. VAT)
Subscriptions per annum	R9,051.00 (incl. VAT)