

6. What is the capacity of the applicant?

Principal	
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Agent	
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Sub Agent	
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(Please tick (✓) the appropriate box and provide a letter of agency or other form of proof)

7. Detailed information regarding the profile of the staff, employed should be provided in part II of form "A" (attached)

8. Details about the floor area of the premises that the applicant will use for the business of providing air transportation services and facilities available.

(A). Floor Area.

(B). Facilities

<i>Sq.m (m²)</i>	
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	Numbers/Details if Available	Not Available
Telephone		
Facsimile		
E-mail		
Telex		
SITA		
Cable		
Computer Reservation System		
Other Facilities		

(Please indicate number and/or code in the above cages as appropriate)

(C) Contact Person

Name of the CEO	
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10. Has the applicant obtained a License from the Tourist Board under the Travel Agents Code of 1973 :-

Yes	
No	

License No.	
Date of issue	

11. What is the annual average turnover of the applicant's business in the last three years.

Year	Average Turnover in Rupees
200...	
200...	
200...	

Please attach copies of balance sheet/income/expenditure account in respect of the accounting period 1st April to 31st March of the previous financial year.

The applicant hereby undertakes that the business premises referred to above in respect of which a license is sought, shall not be shared with or used for the purpose of carrying on any other business other than the business of providing air transportation services.

I hereby confirm that all the information provided by me in this application and the evidence submitted in proof of facts stated therein, are true and correct.

Date.

.....
Signature/Company Seal

For Office Use Only

Evaluation Fee	Mode of Payment			Receipt Number	Date	Officer In-charge
		Number	Date			
	<i>Cash</i>					
	<i>Cheque</i>					

Registration Fee	Mode of Payment			Receipt Number	Date	Amount Paid	Officer In-charge
		Number	Date				
	<i>Cash</i>						
	<i>Cheque</i>						

FORM "A"

Part 1

Company / Business Name :- _____

Name of the Directors/Partners :- **1.** _____
2. _____
3. _____
4. _____

Indicate Paid up capital of the Company or net worth of the Business : _____

Name of Directors/Partners Allocation	Capital Contribution	Share
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Name of General Manager : _____

Name of Company Secretary : _____

Name of the Staff member	National Identity Card Number	Highest Educational Qualification	Travel Trade Related Qualifications	Years of Experience in the Travel Trade

Form A Part II