

UDAIPUR TRAVEL AGENTS ASSOCIATION**MEMBERSHIP FORM**

AGENCY NAME : _____

TYPE OF AGENCY : _____

IATA STATUS : _____

AGENCY IN OPERATION SINCE : _____

NAME OF OWNER/PARTNERS : _____

D.O.B. OF OWNERS/PARTNERS : _____

ADDRESS : _____

MOBILE NO. : _____

EMAIL ID : _____

GST / MSME / SHOP ACT : _____

DECLARATION :

I/we, hereby declare that all the information provided by me/us to UTAA in connection with my/our membership, including but not limited to the information contained in the application form, and any other documents submitted, is, to the best of my/our knowledge and belief, true, accurate, and complete.

SIGNATURE OF OWNERS/PARTNERS :

DATE :

FOR OFFICIAL USE ONLY

MEMBERSHIP GRANTED ON : _____

MEMBERSHIP FEES : _____

ADDITIONAL REMARKS (IF ANY) : _____

OFFICIAL'S SIGNATURE : _____