

To

## **The Secretary General**

Association of Travel Agents of Bangladesh (ATAB) Sattara Center (15<sup>th</sup> Floor) 30/A Nayapaltan, VIP Road, Dhaka 1000. Bangladesh.

| Owner Photo | Representative<br>Photo |
|-------------|-------------------------|
|             | 1 11000                 |
|             |                         |
|             |                         |

| Application date: | / | <sup>/</sup> |
|-------------------|---|--------------|
|-------------------|---|--------------|

Through: Chairman or Secretary, Zonal Committee, Dhaka / Chittagong / Sylhet.

## **Subject: Application for Membership.**

Dear Sir,

I / We here by apply to become a member of the Association of Travel Agents of Bangladesh (ATAB) and Undertake to abide by the Memorandum, Articles of Association and conduct rules of ATAB along with the laws there under as are presently and may come in force from time to time.

Particulars of the Organization required for Membership has been given below:

|     | inculars of       |          | ,       | orom requi                 |      | or memoership has |   | 5. | • | • | • |     |     |      |      |   |   |          |   |       |   |
|-----|-------------------|----------|---------|----------------------------|------|-------------------|---|----|---|---|---|-----|-----|------|------|---|---|----------|---|-------|---|
| 1   | Name of t         | he Orga  | anizat  | ion                        |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
| 2   | Full Addre        | ess      |         |                            |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     |                   |          |         |                            |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     | Police Sta        | tion     |         | Zone                       |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     | Phone Nu          | mber     |         | Fax                        |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     | Mobile Number     |          |         |                            |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     | Email             |          |         |                            |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     | Website           |          |         |                            |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
| 3   | Particula         | rs of th | ie Ow   | ner/ Owr                   | ners |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
| i   | Name              |          |         |                            |      |                   |   |    |   |   |   |     | Des | sign | atio | n |   |          |   |       |   |
| ii  | Name              |          |         |                            |      |                   |   |    |   |   |   |     | Des | sign | atio | n |   |          |   |       |   |
| Iii | Name              |          |         | Designation                |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
| 4   | Permanent Address |          |         |                            |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     |                   |          |         |                            |      |                   |   |    |   |   | ] | Mot | No. |      |      |   |   |          |   |       |   |
| 5   |                   |          |         |                            |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     | Name              |          |         | Designation                |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     | Full Addre        | ess      |         |                            |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     | Phone(Off         | fice)    |         | Resident                   |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
| 6   | Status of C       | Owners   | ship( P | Please tick                | maı  | rk in box)        |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     | Company/          | /        |         |                            |      |                   |   |    |   |   |   | I   |     |      |      |   | Т |          |   | <br>_ |   |
|     | Incorporat        |          |         | Partnership Proprietorship |      |                   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     | <u> </u>          |          | 1       |                            |      |                   | 1 |    |   |   |   | ı   |     |      |      |   |   |          |   |       |   |
|     | Date of Esta      | hlichma  | nt      |                            |      | NID Information   |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     | Date of Esta      | mismie   | int     |                            |      |                   |   | 1  |   |   |   | Ī   | 1   |      |      |   | Ī |          | Ī |       | 1 |
| 7   |                   |          |         |                            | 8    | Owner             |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     | Day               | Month    |         | Year                       |      | Representative    |   |    |   |   |   |     |     |      |      |   |   |          |   |       |   |
|     |                   |          |         |                            | 1    |                   |   |    |   |   |   |     |     |      |      |   |   | <b>.</b> |   |       |   |

| Number and D     | Date of Late  | st Trade   | Licens    | e.           |           | 10. T            | IN Number | ,           |           |             |  |  |
|------------------|---------------|------------|-----------|--------------|-----------|------------------|-----------|-------------|-----------|-------------|--|--|
|                  |               | Date       | :         |              |           |                  |           |             |           |             |  |  |
| . Other Busine   | ss I icansa ( | Plaasa t   | ick Mar   | rk in Roy)   |           |                  |           |             |           |             |  |  |
|                  | SS LICEISE (  | 1 icase ti | ick iviai |              | _<br>     |                  | Involve   | d In Touris | m Activit | ies         |  |  |
| <u>—</u><br>Најј | Umra          | ıh         | Reci      | ruiting      |           |                  | Inbou     |             |           | Outbound    |  |  |
|                  |               |            |           |              | _]        |                  |           |             |           |             |  |  |
| 2. Other Associ  | iation Mem    | bership    | (if Any)  | )            |           |                  | T         |             |           |             |  |  |
|                  |               |            |           |              |           |                  |           |             |           |             |  |  |
| BAIRA            |               | HAA        | В         |              | IAT       | A                | TC        | AB          | TDAB      |             |  |  |
|                  | 1             |            |           | <b>'</b>     |           |                  | 1         |             | <b>.</b>  |             |  |  |
| 3. No & Date of  | f Registratio | on / Ren   | ewal Co   | ertificate f | from M    | inistry of C     |           | & Tourisr   | n.        |             |  |  |
|                  |               |            |           |              |           |                  | Date:     |             |           |             |  |  |
| Proposer no-1    | with (ATA)    | D momb     | om)       | Duanagan     | no 2 m    | ith (ATAD        | Member)   | <u> </u>    |           |             |  |  |
|                  | eal and Sign  |            | er)       |              | and Signa | Applicant        |           |             |           |             |  |  |
|                  |               |            |           |              |           |                  |           |             |           |             |  |  |
|                  |               |            |           |              |           |                  |           |             |           |             |  |  |
|                  |               |            |           |              |           |                  |           |             |           |             |  |  |
|                  |               |            |           |              |           |                  |           |             |           |             |  |  |
|                  |               |            |           |              |           |                  |           |             |           |             |  |  |
|                  |               |            |           |              |           |                  |           | Appli       | cant seal | & Signature |  |  |
|                  |               |            |           |              |           |                  |           |             |           |             |  |  |
|                  |               |            |           |              |           |                  |           |             |           |             |  |  |
|                  |               |            |           |              |           |                  |           |             |           |             |  |  |
|                  |               |            | T         | OR ATA       | R ACC     | OUNT USE         | EONLY     |             |           |             |  |  |
|                  |               |            |           |              | D ACC     |                  |           |             |           |             |  |  |
| MR. No           |               |            |           |              |           | Received         | Date      |             |           |             |  |  |
| P. O. No         |               |            |           |              |           | <b>Issued Da</b> | te        |             |           |             |  |  |
| Bank             |               |            |           |              |           | Branch           |           |             |           |             |  |  |
|                  | <u> </u>      |            |           |              |           |                  | L         |             |           |             |  |  |
|                  |               |            |           |              |           |                  |           |             |           |             |  |  |
|                  |               |            |           |              |           |                  |           |             |           |             |  |  |
|                  |               |            |           |              |           |                  |           |             |           |             |  |  |
| Verified By      |               |            |           |              |           |                  |           | Name & S    | Signature | of Accounts |  |  |

|    | Documents to be Submitted   | Received |
|----|---|----------|
| 1  | Pay order of TK. 62,300.00 from any Bank in Favor of ATAB   |          |
| 2  | Two copies of latest passport size color photographs.   |          |
| 3  | Photocopy of current trade license.   |          |
| 4  | Photocopy of current TIN Certificate.   |          |
| 5  | Photocopy of Ministry of Civil Aviation and Tourism Certificate (MOCAT).  |          |
| 6  | Photocopy of NID / Passport.  |          |
| 7  | Photocopy of Incorporation Certificate.   |          |
| 8  | Photocopy of Company memorandum & articles (Only for Limited Company).  |          |
| 9  | Photocopy of Deed of partnership (Only for Partnership Business).   |          |
| 10 | Deed of agreement of Rental office space / Land Ownership Documents.  |          |
| 11 | Personal details of Owner/Owners/ Bio Data  |          |
| 12 | Internal & External Photographs of Office.  |          |
| 13 | At least one staff should have Certificate either from NHTTI (National Hotel & Tourism Training Institute) or Airline (Biman Bangladesh of Airlines) or ATTI (ATAB Tourism Training Institute) or From any GDS (Sabre / Galileo / Amadeus). |          |
| 14 | Staff List on Office Pad with seal and signature of owner.  |          |
| 15 | ATAB Membership ID Card Form (Format available at ATAB Website www.atab.org.bd).  |          |

## **N.B.:**

Complete application form should be submitted directly at ATAB Office or can be sent by registered post. (Incomplete Application will not be honored).

## Membership / Yearly Subscription / ID Card Fees chart is as below.

| Membership Fee | Annual Subscription | ID Card Fee | In Total    |
|----------------|---------------------|-------------|-------------|
| BDT. 50,000    | BDT. 12,000         | BDT. 300    | BDT. 62,300 |
|                |                     |             |             |

-:End:-