## **CHHATTISGARH TOURISM BOARD**

2<sup>nd</sup> Floor, Udyog Bhawan, Ring Road-1, Telibandha, Raipur-492006 (C.G)

Tel: 0771-4224600,4224611 Fax: 0771-4066425 E-mail:visitcg@gmail.com

Web: www.tourism.cg.gov.in

## APPLICATION FORM FOR REGISTRATION OF TRAVEL AGENTS / TOUR OPERATORS

Please stick the recent photograph of the Proprietor/Partner/Director of the form

1.	AGENCY NAME:	
2.	SALUTATION (MR/MS/MRS):	
3.	PROPRIETOR/PARTNERS NAME:	
4.	DESIGNATION:	
5.	TRADING NAME:	
6.	STATUS OF AGENCY (Membership No. & Valid till date) (Relevant Certificates to be attached, Photocopy of Current/VALID IATO/TAAI Certificate )(if Applicable)	IATA/NON-IATA
		TAFI/TAAI
		ADTOI
		IATO
		PATA
		AIRLINES
		IRCTC
		ANY OTHER
7.	DATE OF INCORPORATION:	
8.	REGISTERED ADDRESS:	
10.	PINCODE:	
11.	PHONE NUMBER:	
12.	MOBILE NUMBER:	
13.	FAX NUMBER:	
14.	E-MAIL 1: (Contact Person)	
15.	E-MAIL 2: (Agency)	
	WEBSITE:	
16.	RESIDENTIAL ADDRESS:	
17.	CREDIT/DEBIT CARDS ACCEPTED:	

18.	COMPANY INFORMATION	
	(A) COMPANY IS:	1. PROPRIETORSHIP FIRM
		2. PARTNERSHIP FIRM
		3.PRIVATE LTD FIRM
		4.PUBLIC LTD FIRM
	(B) DETAILS OF PARTNERS:	
	(C) DETAILS OF DIRECTORS:	
19	BRANCH OFFICE (If Any):	
20.	OFFICE SPACE(Owned/Rented):	
21.	PRINCIPAL BUSSINESS:	
22.	OTHER SERVICES OFFERED:	
23.	GST NO.	
24.	PAN NO.	
Chec	k list of Documents to be attached:- (Ple	ase Write Yes for Enclosed/ No for Not Enclosed)
DD N	o.: Date:	DRAWEE Bank:
Com	pany Registration No./ Shop & Establishment	Act Registration No.(Gumashta License No
Photo	ocopy of other Membership Certification (If A	applicable)
	U	NDERTAKING
and here Boar Tour	its office bearers is true and I will be held is found to be incorrect or false. I also u d reserves the right to approve or reject ism Board and that this registration can b	nformation provided in this form about my organization of responsible if in case any of the information mentioned inderstand that Managing Director, Chhattisgarh Tourism this application for the registration with the Chhattisgarh of terminated by him without stating any reason if so felt in smentioned in this form and I agree to all of them.
	Name of the authorized Signatory:	
	Designation:	
	Signature:	
	 Date:	
Company Seal:		

## **GENERAL TERMS AND CONDITIONS:**

- 1. The form is to be filled up by the authorized personnel of the Travel Agency/Tour Operators.
- 2. This registration will be valid for a period of 3 years from the date of registration and should be renewed at least one month prior to the date of expiry after paying Rs 1000/- only as renewal fees.
- 3. Registration fees of RS 1000/- to be paid in the form of DD/Bankers Cheque in favour of MD, Chhattisgarh Tourism Board at the time of registration.
- 4. In case of any changes related to the address, or any other important detail contained in this application should be duly informed to the Head Office of Chhattisgarh Tourism Board.
- 5. 15% commission will be paid separately after submitting the bill and payment of booking details on monthly basis.
- 6. All relevant documents (self attested) with company seal and authorized signatory should be submitted along with the application form. Details of the relevant documents are as below:
  - a. Gumashta Certification or Shop and Establishment Certification (Nagar Nigam Registration /Local body)
  - b. GST No. and Income (Registration Proof & Copy of Pan Card)
  - c. Address Proof (Telephone /Electricity Bill)
  - d. Proprietor/Partnership ID Proof.
  - e. Action membership Proof (Travel Agent Association of India (TAAI), India Association of Tour Operators (IATO)
  - f. Application for registration on letter head of the firm.
  - g. 2 Photographs (Inside and Outside Post card & Requisition Letter from the Applicant)
- 7. Chhattisgarh Tourism Board reserves the right to enquire or if needed ask for more documents.

FOR OFFICE USE ONLY					
Scrutinised by:					
Membership Allotted:					
Certification Issued On:					
Date of Renewal:					

**Authorised Signatory**