



Association Of Namibian Travel Agents

Without a travel professional, you're on your own.

🌐 anta.com.na ✉ info@anta.com.na

MEMBERSHIP APPLICATION FORM

IMPORTANT NOTES:

1. Complete legibility in block letters or type
2. Tick appropriate blocks where called for
3. Answer all questions
4. Please add certified copies to prove attainment of qualification criteria:

IATA MEMBERSHIP		NON-IATA MEMBERSHIP	
IATA accreditation		Reference letter from IATA ticketing agency	
NTB registration		NTB registration	
Good standing: SSC		Good standing: SSC	
Good standing: Finance		Good standing: Finance	
Original bank referral letter		Original bank referral letter	
Office fitness certificate		Bank record of at least three years	
		Consultant with 5 Years' experience working in an IATA retail travel agency	
		Trade and Industry registration	
		Office fitness certificate	

Indicate your application type:

NEW APPLICATION	NEW APPLICATION (BRANCH)	CHANGE OF LOCATION	CHANGE OF OWNERSHIP	CHANGE OF TRADING NAME
IATA MEMBERSHIP	NON-IATA MEMBERSHIP	AIRLINE MEMBERSHIP		

1. 1. Name of Company, Close Corporation, Partnership, Sole Proprietors or other (hereafter referred to as "Applicant"

.....

1. 2. (a) If the applicant has a trade name please state such name here:

.....

(b) If this application is in respect of change of Trading name, give previous trading name:

.....

2. (a) Is the applicant registered as a limited liability company or Close Corporation with the Registrar of Companies or Registrar of Close Corporations, as the case may be:

YES NO

(b) State the Company's registration number:

Date of registration:

3. Registered address of Head Office:

.....

TELEPHONE NUMBER : FAX NUMBER :

DOCEX NO : CITY :

E-MAIL :

4. 1. Street address (in full for which this application is made (NOTE: A separate form required for each and every location)

.....

.....

2. If this application is in respect of a change of location, give previous licensed address:

.....

.....

5. P O BOX NUMBER: POST OFFICE:

POSTAL CODE:

TELEPHONE NO: FAX NO:

E-MAIL:

6. Is this application in respect of a:

Company

Close Corporation

Partnership

Sole Partnership

Other Specify

7. 1. Is the applicant IATA approved:

YES

NO

2. If yes, give IATA reference number:

8. Financial year end (month):

9. Type of premises (e.g. Shops, Offices etc.):

.....

10. Location (e.g. Ground Floor, Shopping Complex etc.):

.....

11. Is / are any other business / es being conducted from these premises?

YES

NO

12. If yes, give full details:

.....

.....

.....

13. (1) Date since the premises have been or will be used as a Travel Business (new application):

.....

OR

(2) Date of change of location:

OR

(3) Date of change of ownership:

OR

(4) Date of change of trading name:

14. A. Full names of all Directors (and Alternate Directors), or all Partners with financial interest, or Sole Proprietor as the case may be.
(Attach schedule if necessary)

NB: If any of the persons named below has any direct or indirect interest in another travel agency, airline etc. Details of such interest must also be stated:

(1)

(2)

(3)

(4)

(5)

15 B. List of Sleeping Partners and / or Financial Backer not actively involved in the agency:

(1)

(2)

(3)

(4)

15. (1) Is / are Registered Agent(s) employed at the location to be licensed of the time of application?

YES

NO

(2) If yes to (1), give name(s):

.....

.....

16. DIRECTORS:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

SHAREHOLDERS:

- 1.%
- 2.%
- 3.%
- 4.%
- 5.%
- 6.%

17. Has any Director or Partner of Sale Proprietor or Staff Member of the applicant:

(1) By reason of improper conduct been dismissed or asked to leave from a position or trust?

YES

NO

(2) Been convicted of an offense involving dishonesty?

YES

NO

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

YES

NO

If the answer to any of questions 18(1), 18(2), 18(3), or 19 is Yes, an Affidavit must be attached to this application giving full particulars.

YES

NO

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

.....
.....

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, are true and correct in all aspects. I also confirm that the applicant agrees to abide by the requirements of the ANTA Code of Conduct / the applicable Terms of Reference and conventions between sections as entered into from time to time.

Date: Signed at:

Signature of person completing form:

Position in Company:

COMPANY STAMP

FOR OFFICE USE:

Payment received Form in order

- 1. Application signed & fully completed:
- 2. Comments:

ALL FULLY COMPLETED APPLICATION FORM
MUST BE RETURNED TO:

ANTA
Attention: Secretary ANTA

c/o Trip Travel
221 Independence Avenue
Windhoek