

ADVENTURE TOUR OPERATORS ASSOCIATION OF INDIA

QUESTIONNAIRE

To be filled in by an applicant who wishes to become a member of the **ATOAI**

Name of the firm	
Date of establishment	
Full address, including Telephone, Fax Numbers, Email and mailing address.	
Name of the individual who will represent the firm.	
State whether the applicant is a sole Proprietary, Concern, Partnership Firm, Private Limited Company or a Public Limited Company	
Give the name/s of the Proprietor, or the Partners or the Directors of the Company, as the case may be and a list of the shareholders.	
State the paid-up capital as on date. In case of proprietorship or partnership state the capital invested.	
Are you recognized by Govt. of India / State Tourist Department?	
State Places where you have branch offices with their full addresses.	
If a Hotel, are you (i) A member of any Hotel Federation? (ii) Recognised by the Department of Tourism?	
Are you a member of any Trade	



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Associations, Societies, etc.? If so, state names	
State the name of your Bankers, with their full addresses.	
What is your annual turnover?	
How much of your total turnover is derived from (a) Tourism (b) Adventure Tourism	
How much of your turnover is in foreign exchange?	
Do you own any field equipment?	
How many qualified personnel do you have? Please specify years of past experience.	
Give any other details you feel will enable the Committee to consider your application for membership of the Association.	
Also please enclose the following: (a) A letter or recognition from the Department of Tourism. (b) Certificate from your Bank Certifying the Foreign exchange earning as Indicated in the Application form. (c) Latest audited Balance Sheet. (d) Any other Document which you think, will be helpful for us to consider your application.	

PLEASE GET YOUR APPLICATION RECOMMENDED BY ANY TWO ATOAI (ACTIVE) MEMBERS



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Name:	Name:
Designation:	Designation:
Organisation:	Organisation:
Signature:	Signature:
Date:	Date:
Stamp of the Company:	Stamp of the Company:

I/We do hereby agree to intimate the association in writing about any change in their present ownership of the company.

Date:

Signature

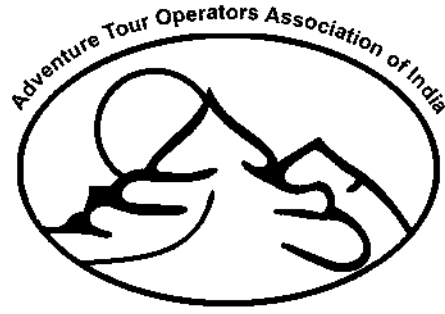
Stamp of the Company

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FOR OFFICE USE ONLY

Decision of the Managing Committee: Approved / Not approved / Postponed.

Signature



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MANDATORY DOCUMENT TO BE SUBMITTED ALONGWITH APPLICATION

A letter of recognition from Department of tourism.	
Certificate from bank certifying the foreign exchange earning as indicated in the application.	
Latest audited balance sheet.	
Any other document for association's help.	
Reference of two ATOAI Active member	