



TRAVEL AGENTS ASSOCIATION OF ZAMBIA

Plot No. 169, Luanshya Rd, Villa Elizabeth

Tel: +260 211 231979, P. O. Box 38934, Lusaka, Zambia

E-mail: taazambia@gmail.com

APPLICATION FOR MEMBERSHIP

FORM NO. 01

Company Name: _____

Trading As: If different from above _____

Physical Address: _____

Postal Address: _____

Phone Numbers: _____

Phone Number to be added to WhatsApp group: _____

Email: _____

Website: _____

IATA Number (IF MEMBER): _____

IATA Guarantee Type - Please tick where applicable:

Bank Insurance Other - Please specify _____

Full Names of Directors/Owners: _____

Company Reg No: _____

Be Recognized

President: Osama Bux taazambia@gmail.com +260 977836336
Secretariat: Penelope Mee Penelope.mee@voyagerszambia.com +260 966756266

ZRA TPIN No: _____

REQUIRMENTS:

- Application fee of K1000.00
- Annual Membership fee of K4000.00
- ZRA Tax clearance Certificate
- TPIN registration copy
- Company Registration Certificate
- Pacra form stating list of Directors
- Ministry of tourism licence
- IATA certificate - For IATA members only
- Company profile
- Letter of membership request
- Bank letter reference with company account details
- ID of anyone of the company Director - Foreign nationals to include a copy of their permit.
- Complete and signed form No. 01
- Deposit slip of payment

Completed and signed by (For and on Behalf of Company)

Name in Full: _____

Designation: _____

Signature: _____

Date: _____

For Official use:

Date Received and approved: _____

Chairperson Signature: _____

Secretary Signature: _____

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Account Details:

Bank: Indo Zambia Bank
Account Name: Travel Agents Association Of Zambia.
Account Number (ZMW): 0011040002741
Branch: Lusaka Main Branch
Sort Code: 090001
Swift Code: INZAZMLX

Please send the completed form as well as the deposit slip
to: taazambia@gmail.com



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