



ALLIED MEMBERSHIP APPLICATION FORM

Notes:

1. Please complete the form in **BLOCK LETTERS**.
2. Answer all questions.
3. Attach all supporting documents requested.

REQUIREMENTS

- ↗ TRA Travel Agency License
- ↗ Business License
- ↗ KRA Pin Certificate
- ↗ Company Registration Certificate
- ↗ Full set of Audited Accounts for past one year.
- ↗ Copy of ID / Passport of the Directors.
- ↗ Work permits should also be included for foreign nationals.
- ↗ Recommendation by one IATA Accredited KATA member.
- ↗ Application Fee of Ksh. 5,000/= **(Non-refundable)**

4. Bank Details:

NAME OF BANK: I & M BANK LIMITED
NAME OF ACCOUNT: KENYA ASSOCIATION OF TRAVEL AGENTS(KATA) COMPANY LIMITED
ACCOUNT NUMBER (KSH) 00101921741450
Accounts Number (USD) 00101921741250
ACCOUNT TYPE: CURRENT ACCOUNT
CURRENCY: KENYAN SHILLING/USD
BRANCH: KENYATTA AVENUE BRANCH
SWIFT CODE: IMBLKENA
BRANCH CODE: 001
BANK CODE: 057

Mpesa Details

BUSINESS NUMBER: 542542
ACCOUNT NUMBER: 00101921741450
****NO PAYMENT SHALL BE MADE IN CASH**

1) Membership Category

Allied Member

a) Name of Company (hereafter referred to as "the Applicant"):

b) If the applicant has a trade name, please state the same here:



c) The company is: (Select all that apply)

Public

Private

Limited Liability

Sole Proprietorship

Partnership

2) Contact Details of the Applicant;

P.O Box: _____

City: _____

Postal Code: _____

Physical address: _____

Landline Telephone number: _____

Mobile Number: _____

Fax Number: _____

Website address: _____

Email Address: _____

Please list all branch offices/in-houses (if any):

3) Director and Senior Management Details

Position	Name	Email Address	Nationality
Director			
Director			
Financial Controller			
Travel Manager			

4) Has any Shareholder/Director/Senior Management team previously:

a) Been dismissed from employment/a position of trust due to improper conduct?

YES NO

b) Been convicted of an offence involving dishonesty?

YES NO

c) Been involved in a business as a Shareholder/Director/Senior Manager that has been forced in to liquidity?

YES NO

(If the answer is **YES** to any of the above, full details must be attached with the application giving full particulars)

5) Is there any other information you wish to share in this application that may not already have been stated?

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 or any supporting documentation are true and correct in all aspects. I also confirm that the applicant agrees to abide by the requirements of the KATA Code of Conduct.

Date: _____

Designation: _____

Signature: _____



6) AUDITORS

As Auditors of the afore mentioned (Name and address of Auditors)

Name: _____

Designation: _____

Sign: _____

Certify that the turnover indicated them is correct according to our records

Auditors Rubber Stamp

N.B: It will be considered unethical to be found making false statements on the Audited gross turnover realized on ticket sales.

I certify that the information provided is true to the best of my knowledge.

Name: _____ **Designation:** _____

Date: _____ **Signed:** _____

Company's Rubber stamp



8) ANNEXURE A – RECOMMENDATION BY IATA ACCREDITED KATA MEMBER

1 recommendation required

Name of Applicant: _____

Member Travel Agency Name: _____

Represented by: _____

Relationship to the applicant: _____

How long have you known the applicant? _____

I, _____ hereby recommend the above name company for membership at the Kenya Association of Travel Agents.

Signature: _____

Position: _____

Date: _____

Company Stamp: