



ORDINARY MEMBERS

**APPLICATION FORM FOR KATA
MEMBERSHIP**

Membership Application Form

1. Please complete the form in **BLOCK LETTERS**.
2. Answer all questions
3. Attach all supporting documents requested
4. Attach proof of payment for the prescribed administration fee, made payable to the Kenya Association of Travel Agents

MEMBERSHIP CATEGORY

Ordinary Member

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

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

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

Public Private Limited Liability
Sole Proprietorship Partnership

c) Company Registration number: _____

2) Contact Details of the Applicant (head office):

P.O. Box _____

City _____

Post Code _____

Physical address of the Applicant (head office):

Landline Telephone numbers:

Mobile Number:

Fax Number:

Website address:

Email Address:

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

3) Registration & Licensing Details:

- a) Applicant's Registration Number: _____
- b) Registration Date: _____
- c) Applicant's Tourism License Number: _____
- d) Tourism License valid until: _____

4) Shareholding, Directorship & Management details:

a) Shareholder Details:

Name	Nationality	% of Shares

b) Director Details:

Name	Nationality

c) Senior Management Details:

Position	Name	Email Address	Nationality
CEO/MD			
Financial Controller			
Travel Manager			

(Please Note: If any of the persons named above has any direct or indirect interest in another travel agency, airline, etc. details of such interest must also be stated:

5) Is the Applicant a member of a Travel Group? YES NO

If yes, please give details: _____

6) Is the Applicant IATA accredited? YES NO

If, **YES**,

i. Please state IATA number: _____

ii. IATA accredited since: _____

If, **NO**,

Please state how you intend to issue airline tickets (including particulars of any IATA Agent you have or are currently working with:

7) Are you enrolled in the Default Insurance Program? YES NO

8) Which Global Distribution System does your agency use?

Amadeus TravelPort Sabre

9) Ticketing turnover for the past two years (I IATA agents, per the BSP link)

Year _____

Year _____

10) 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 offense 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 this application giving full particulars.)

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

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 and the KATA Constitution.

Signature _____ Date _____

Name of Person Completing the Form: _____

Position in the company: _____

Supporting Documents to be submitted with this application:

- ✓ Annexure A – Categorization form
- ✓ IATA Certificate.
- ✓ Travel License.
- ✓ Business License.
- ✓ KRA Pin Certificate.
- ✓ Company Registration Certificate.
- ✓ Full set of Audited Accounts for past two years.
- ✓ Copy of ID / Passport of the Directors. Work permits should also be included for foreign nationals.

Annexure A - KATA Membership Categorization Form

1. GENERAL INFORMATION

Company Name:	
Physical Address:	
Postal Address:	
Telephone & Mobile numbers:	
Email Address:	

2. MEMBERSHIP CATEGORIZATION AND APPLICABLE ANNUAL SUBSCRIPTIONS

(Please tick on your membership category as per your gross turnover)

Membership Type	Category	Annual Subscription Fees	Tick
Ordinary Members – IATA Accredited	Category A (Gross ticket sales over KES. 1.2 billion	KES. 100,000/=	
	Category B (Gross ticket sales KES.901 million-1.2 billion	KES. 83,000/=	
	Category C (Gross ticket sales KES.601 million-900 million	KES. 66,000/=	
	Category D (Gross ticket sales KES.301 million-600 million	KES. 50,000/=	
	Category E (Gross ticket sales below KES. 301 million	KES. 33,000/=	
Allied Members – Non IATA		KES. 33,000/=	
Academic Partners		KES. 33,000/=	
Corporate Partners		KES. 250,000/=	

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

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

Auditors Rubber Stamp

Date _____ Signed _____

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:** _____
(Managing Director/Senior Manager)

Date: _____ **Signed:** _____

Company's Rubber stamp

