

## ASSOCIATION OF CYPRUS TRAVEL AGENTS (ACTA)

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## AITH $\Sigma$ H ME $\Lambda$ OY $\Sigma$ – APPLICATION FOR MEMBERSHIP

ΠΡΟΣΟΧΗ: Η συμπλήρωση των ζητούμενων στοιχείων να γίνει απαραίτητα στην ΑΓΓΛΙΚΗ

γλώσσα γιατί τα στοιχεία αυτά θα καταχωρηθούν στο DIRECTORY του Συνδέσμου που εκδίδεται στην ΑΓΓΛΙΚΗ και το Data Base που κα πάλιν είναι στην Αγγλική!

**IMPORTANT:** Subscription fees for membership and for insertion of branches in Directory should be enclosed. The subscription category is determined by the Secretariat according to certain criteria.

	CITICII	a.				
1.	NAME OF TRAVEL AGENCY AS LICENSED BY CTO					
1.1.	NAME OF COMPANY IF DIFFERENT FROM ABOVE					
2.	FULL STREET ADDRESS (DO NOT FORGET THE POSTAL CODE)					
2.1.	MAILING A	ADDRESS IF DIFFERENT FROM ABOVE ( <b>DO NOT FORGET THE POSTAL</b>				
3.	NAME OF <b>R</b>	ESPONSIBLE MANAGER AS REQUIRED BY LAW 41 (I) 95 (MR/MS)				
3.1.	NAME OF <b>CONTACT</b> PERSON AND BUSINESS TITLE (MANAGER, DIRECTOR, HEAD OF SALES etc.) TO BE INSERTED IN DIRECTORY <b>IF DIFFERENT</b> FROM ABOVE (MR/MS)					
4.		MOBILE FAX				
	EMAIL WWW					
	<b>NOTE</b> : COMMUNICATION WILL BE <b>ALWAYS</b> BY E-MAIL UNLESS NO E-MAIL EXISTS					
5.	NUMBER OF CTO LICENCE (PLEASE ENCLOSE COPY OF THE LICENCE)					
6.	IATA	NON IATA Please √ as applicable				

7.	ACTIVITIES please $$ as many as a	applicable					
7.1	Incoming Tourism	7.8	Organizer of Incentives/Special Interest				
7.2	Tour Operator according to Law 186(I)/2017	7.9	Aircraft Ground Handling (According to CIVIL AVIATION or BOT Operator License. Please enclose copy of license)				
7.3	Outgoing Tourism	7.10	Cargo				
7.4	Travel Arrangements (Air/sea/train/coach bookings)	7.11	Clearing/Forwarding				
7.5	Organizer of Sightseeing Tours	7.12	Sports Tourism				
7.6	Organizer of Safaris	7.13	Other Activities (please specify)				
7.7	Organizer of Conferences						
8.	NUMBER OF PERSONS EMPLO	YED (TOTA)	L)				
8.1.	FULL TIME						
8.2.	PART TIME/ SEASONAL						
9.	<b>DIRECTORY</b> : Insertion in the annual edition of ACTA'S Directory is free of charge. If you wish your insertion to be in <b>BOLD</b> letters then a fee of €90+ V.A.T. is applicable.						
10.	NUMBER OF BRANCHES IN ADDITION TO HEAD OFFICE						
	If you wish your branche(s) to be inserted in the Directory, please copy this form and complete as appropriate (one form for each branch) and clearly indicate on top "THIS IS A BRANCH" (A fee per branch for the insertion of the branches will be charged €80 - €120 according to membership category.						
11.	GENERAL SALES AGENT OF AIRLINES (GSA) (please give names of Airlines)						
12.	PASSENGER SALES AGENT OF AIRLINES (PSA) (please give names of Airlines)						
13.	MEMBER OF LOCAL & INTERNATIONAL PROFESSIONAL ASSOCIATIONS/ORGANISATIONS (please give full names and appreviations. In Directory only appreviations will be listed unless member inticates that the full name is preferred)						
We he	ARATION reby apply for membership and agree ticles of Association and Code of Con	-	ne Association's Rules as in the M	Memorandum,			
DATE		Stamp & signature					
		Name of Sig	natory				
SPONSORING MEMBERS (two members must sign this form)							
Name	of Agency	Signature					
Name	of Agency	Signature					