

Cargo Agent Registration Form

Company Contact Details			
Company / Agency Name			
Legal Status (please select)	Sole Proprietorship	Pvt Limited Co.	Partnership Firm
Business Registration No.			
Address			
City			
State			
Country		·	
E-mail			
Phone			
Fax			
Affiliation Details / PAN (Permanent	t Account No.)	5	
IATA / TAAI/TAFI/IATO No.		PAN No. (Mandatory)
Proprietor/Partner/CEO/MD	1		
Name			
Position			
Phone/Mobile			
E-mail			
Authorised Booking Staff contact d	letails		
1.a) Operational Station			
1.b) Name			
1.c) Position			
1.d) Phone/Mobile			
1.e) E-mail			
Additional Authorised Booking State	ff contact details		
2.a) Name			
2.b) Position			
2.c) Phone/Mobile			
2.d) E-mail			
	1		
Access details (ONLY FOR SPICEJ	ET USE)		
Agency ID Number *			
Agency Password *			

Please attach the following documents along with this form:

1. Self attested copy of the Business Registration Certificate.

^{2.} Self attested copy of the IATA/TAAI/TAFI/IATO/Local Affiliation Registration Certificate.



Authorised	Signatory
Authoriseu	Signatory

Date

Agency Seal