## GHANA ASSOCIATION OF TRAVEL & TOURIST AGENTS (GATTA)

## MEMBERSHIP UPDATE FORM (CONFIDENTIAL FORM TO FILL AND RETURN TO THE HON. SECRETARY)

| 1.     | NAMI                     | E OF AGE    | <u>NCY</u>    | • | ••••• | •          |  |
|--------|--------------------------|-------------|---------------|---|-------|------------|--|
| 2.     | ADDE                     | <u>RESS</u> |               |   |       | . <b>.</b> |  |
|        | a.                       | Principle   | Office        |   |       |            |  |
|        | b.                       | Location    | of Office     |   |       | • •        |  |
|        | c.                       | Branch O    | ffice         |   |       |            |  |
|        | d.                       | Phone (B    | usiness)      |   |       |            |  |
|        | e.                       | Fax         |               | /Email                                  |       |            |  |
|        | f.                       | Website .   |               |   |       | . •        |  |
| 3.     | • 1                      | e of Regist |               | ession, Private, etc)                   |       |            |  |
|        | b. Date of Establishment |             |               |   |       |            |  |
|        | c. Reg                   | istrar Gene | eral's Certif | ficate No                               |       |            |  |
|        | d. Gha                   | ana Tourist | Board Reg     | istration No                            | Date  | •••        |  |
| 4.     | MAN                      | AGEMEN'     | <u>r</u>      |   |       |            |  |
|        |                          |             | •••••         | •••••                                   |       |            |  |
|        |                          |             |               |   |       |            |  |
|        |                          |             |               |   |       |            |  |
| DIREC  | CTORS                    | / PARTNI    | ERS           |   |       |            |  |
|        | 0110                     | ••••        | •••••         |   |       |            |  |
|        |                          | •••         |               |   |       |            |  |
| Contac | ct for G                 | <br>ATTA Me | etings (Not   | Below Managers)                         |       |            |  |
|        |                          |             | •••••         |   |       |            |  |

| Qualified Of such s                                 | of Employees (Senior<br>personnel for (a) Sa<br>ales, including expense: Supply details he   | ale of Air/Ground Trience/training in t  | Γransportation    | (b) accounting              |
|---|--|--|-------------------|-----------------------------|
| <u>OFFICE</u>                                       | Name of Staff  | Qualification/<br>Training   | -                 | oerience/<br>Years          |
| Reservation/Con                                     | mputer   |  | •••••             |                             |
| Sales   |  |  |                   |                             |
| Tour Promotion                                      | ıs   |  |                   |                             |
| Ground Transpo                                      | ortation   |  |                   |                             |
| Ca<br>Co<br>DOCUMENTS<br>a.<br>b.<br>c.<br>d.<br>e. | cketing/Reservation or Rentals onferencing  (Please attach photo Certificate of Incor Certificate of Regist Certificate of Com Companies Code, Tourist Board Operatake to abide by the | rporation<br>stration<br>mencement of Bus<br>1963(ACT 179)<br>rational License | Othe ertificates) | Reservation<br>rs (Specify) |
|   | gency Chief Execut   |  |                   |                             |
|   | Office Stamp   | 5 .  |                   |                             |
| Date  |  |  |                   |                             |