

THE TRAVEL AGENTS ASSOCIATION OF NEW ZEALAND INC.

APPLICATION FOR BONDING

Company Name:				
Trading As:				
Postal Address:				
Telephone:			Facsimile:	
Email Address:				
Balance Date:				
Shareholders Information (Private Companies only):				
Full Name	Residential Address	Occupation	Number of shares held	\$Value of shares issued
Contact Person for Bonding Purposes:				
Telephone:				
Estimated Annual Gross Turnover			\$	
Further Requirements				
Please complete the attached checklist and return it with the relevant documents.				
<p>Signed by / /</p> <p>Director/Shareholder</p>				