



Eastern Himalaya Travel & Tour Operators' Association

Hill Cart Road - Bardhaman Road Link Road, Opposite Golden Plaza, Siliguri, Dist. : Darjeeling
West Bengal, India , Pin - 734 001 | Phone : +91 983 206 0334
E-mail : contact@ehttoa.org, www.easternhimalaya.org

Application for Membership

1. Firm / Organisation Name _____

2. Year of Establishment _____ 3. Recognized by (if any) _____

3. Contact Details: i) Address _____

City _____ Pin _____ Dist. _____ State _____

ii) Phone No(s). _____ Mobile _____ Fax _____

iii) E-mail _____ Website _____

4. Contact Person(s) / Designation _____

5. Name of Directors / Partners / Proprietor : (i) _____

(ii) _____ (iii) _____

(iv) _____ (v) _____

6. AADHAR No. of Directors / Partners / Proprietor : (i) _____

(ii) _____ (iii) _____

(iv) _____ (v) _____

7. Nature of business _____

8. Area(s) of operation _____

9. Branches in India / Overseas _____

10. Annual Turnover _____ 11. GST No. _____

12. Name(s) of other Association, if associated with _____

13. PAYMENT DETAILS: (i) Amount _____ (ii) Cheque / Draft No. _____

(iii) Bank _____ (iv) Branch _____

14. BANK DETAILS: (i) Banker / Branch _____

(ii) A/c No. _____ A/c Type _____

Declaration:

a) I / We do hereby solemnly declare that the particulars stated above are true to the best of my / our knowledge.

b) In case of any complains / dispute, I/we agree to abide by the decisions of EHTTOA.

Place : _____

Date : _____

Name / Signature of Applicant

With stamp of the organization

Proposed by _____

Seconded by _____

Signature _____
(With Stamp of Proposer's Organization)

Signature _____
(With Stamp of Proposer's Organization)

Documents Required

- 1) Photocopy of Trade Licence for last 2 years
- 2) Coloured photographs – 1 copy (3.5 cm X 3.5 cm) Proprietors / All Partners / Directors
- 3) Copy of AADHAR card / Passport (front page & last page)
- 4) Partnership Deed / MOA / AOA self-deceleration
- 5) Bank statement for last year.
- 6) Cheque of Membership for Rs. 5000/- for 1st year
- 7) Address Proof Proprietors / Partners / Directors

Note: a) All the documents to be self-attested by the applicant, with signature and seal.

b) In case of any change in contact details / other, intimation has to be given to **EHTTOA** within 15 days.

For office use

Passed / Not Passed (if not, mention the reason) _____

Membership Type: ACTIVE / ALLIED / ASSOCIATE

Registration No. _____