



**Government of Goa
Department of Tourism
1st Floor, Paryatan Bhavan, Patto - Panaji
Goa - 403001**

APPLICATION FOR REGISTRATION OF NEW TRAVEL AGENCY AND TOUR OPERATER/RENEWAL OF EXISTING TRAVEL AGENCY AND TOUR OPERATOR

FORM III
(See rule 3(1) and (6))

To,
The Prescribed Authority,
 North Zone Office,
1st Floor, Paryatan Bhavan, Patto -
Panaji
Goa - 403001

South Zone Office,
Block No.43, Ground Floor,
Mathany Saldanha Administrative
Complex,
Margao Goa - 403601



Sir,
I/We request that I/We may be registered as Travel agent/Excursion agent/Tour Operator within the meaning of Goa Registration of Tourist Trade Act, 1982 for the year _____ The other particulars are as under

New Registration Renewal In case of renewal, enter Certificate No

Renewal for Years (Maximum renewal upto 5 years).

The particulars required for the purpose are given herein below:-

REGISTRATION TYPE Travel Agent Tour Operators Excursion Agent

Operated by* Individual Company Nationality (Company / Individual)

If Company Private Ltd. Public Ltd.

1 Details of the person/company with full address intending to operate or is already operating as Travel Agent

NAME*	<input type="text"/>														
ADDRESS*	<input type="text"/>														
VILLAGE/TOWN*	<input type="text"/>														
TALUKA*	<input type="text"/>					PINCODE*	<input type="text"/>								
TELEPHONE NO	<input type="text"/>					MOBILE NO*	<input type="text"/>								
AADHAAR NO (In case of Individual)	<input type="text"/>					PANCARD*	<input type="text"/>								
EMAIL-ID	<input type="text"/>														

2 Name of the proprietors(in case of company, authorized signatories, in case partners name of all the partners)

SR NO	NAME*	MOBILE NO*	AADHAR NO	PANCARD NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Tourist area for operating business*

TALUKA*

PLACE*

4 Name of the firm and its registered address with Tel. Nos.

NAME OF THE FIRM*

ADDRESS*

VILLAGE/TOWN*

TALUKA* PINCODE*

WEBSITE*

OFFICE NO* MOBILE NO

EMAIL ID

For office use only	
Inward ID: _____	Form Processing <input type="checkbox"/> Data Entry <input type="checkbox"/> Doc Uploaded <input type="checkbox"/>
Inward Date: _____	Status <input type="checkbox"/> Application Verified <input type="checkbox"/>

Enclosures:- Tick mark necessary documents enclosed with the application form												
Document Type												
<input type="checkbox"/> Municipal/Panchayat licence or Trade Tax Receipt*	Bank Name											
	Date	D	D	M	M	Y	Y	Y	Y			
<input type="checkbox"/> Travel agent licence issued by Directorate of Transport (if applicable)	NOC/Doc No											
	Validity	D	D	M	M	Y	Y	Y	Y			
	Issue Date	D	D	M	M	Y	Y	Y	Y			
<input type="checkbox"/> Copy of income tax filed for last financial year. *	NOC/Doc No											
	Date	D	D	M	M	Y	Y	Y	Y			
<input type="checkbox"/> Particulars of services to be provided to tourists.*												
<input type="checkbox"/> Certificate of incorporation from registrar of Compines(if applicable)	Doc No											
	Date	D	D	M	M	Y	Y	Y	Y			
<input type="checkbox"/> GST Registration(if applicable)	Doc No											
	Issue Date	D	D	M	M	Y	Y	Y	Y			
<input type="checkbox"/> Ownership Document (in case premises is owned) or Copy of Lease Agreement (in case premises are Leased)	NOC/Doc No											
	Validity	D	D	M	M	Y	Y	Y	Y			
	Issue Date	D	D	M	M	Y	Y	Y	Y			
<input type="checkbox"/> Authority letter from other transport officer/travel agent/ IATA for booking seats on their behalf (in case providing airlines booking)	Reg No											
	Date	D	D	M	M	Y	Y	Y	Y			
<input type="checkbox"/> Balance sheet and Profit & loss statement pertaining to the travel business, as prescribed under the company law (if applicable)	Name of Auditor											
	Financial Year	Y	Y	Y	Y	-	Y	Y	Y	Y		
Other Document (Specify name and other details in the space provided below)												
1	NOC/Doc No											
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y	
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y	
2	NOC/Doc No											
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y	
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y	
3	NOC/Doc No											
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y	
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y	
4	NOC/Doc No											
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y	
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y	
5	NOC/Doc No											
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y	
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y	

- Note:**
1. All documents should be self attested by the applicant.
 2. In case of multiple NOC/Certificate/Insurance please fill details in "Other Document" section as mentioned above.
 3. In case of more than 5 other documents please provide details on additional blank page.
 4. Fields marked with * are mandatory.