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APPLICATION FOR AGENCY AGREEMENT

AGENCY DETAILS (Please print in Block Capitals)	
Agency Name:	Trading Name: (if different)
Address:	Tel: Fax: Email address:
Date of Incorporation: (If not a Limited Company, please list the names and addresses of all partners on a separate sheet of paper.)	VAT Reg. Number:
Are you: (please circle) ABTA ATOL IATA TTA	A Limited Company? (please circle) YES NO If YES, please state Co. Reg No.:
State Licence Numbers:	Contact Name:

BANKERS DETAILS	
Bank:	Manager:
Address:	
Tel:	

TRADE REFERENCES	
Company:	Company:
Contact Name:	Contact Name:
Position:	Position:
Address:	Address:
Tel:	Tel:
Nature of Business:	Nature of Business:
Relationship with Agent:	Relationship with Agent:

Signed on behalf of Agent: _____ **Date:** _____

OFFICE USE ONLY	
Licence checked?	AGENCY
Agreement approved by/date:	CODE: