



# IATA ID CARD PROGRAMME REISSUE FORM - EUROPE MIDDLE EAST AND AFRICA -

**INSTRUCTIONS:** Please read all instructions carefully before completing.

**STEP 1** Type in the requested information on Application Form, including Payment Information (handwriting is not permitted, except for signatures).

**STEP 2** Please send completed form duly signed and stamped with supporting documentation to:

**EUROPE**  
IATA Service Centre Europe  
Accreditation Services  
Torre Europa. Paseo de la Castellana, 95  
28046 Madrid Spain  
E-mail: [aaseurope@iata.org](mailto:aaseurope@iata.org) Fax: + 34 911410693

**MIDDLE EAST AND AFRICA**  
International Air Transport Association  
33, Route de l'Aéroport  
P.O. Box 416  
1215 Geneva 15 Airport, Switzerland  
E-mail: [idccardgva@iata.org](mailto:idccardgva@iata.org) Fax: +41 22 7702684

**MORE INFORMATION:** [www.iata.org/idcard](http://www.iata.org/idcard)

## 1. AGENCY INFORMATION

Agency name: \_\_\_\_\_  
Agency address: \_\_\_\_\_  
City: \_\_\_\_\_ State/ province: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

<b>IATA Code:</b> ____ - ____ - ____ - ____
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## 2. CARDHOLDER INFORMATION

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Date of birth: (MM/DD/YYYY) \_\_\_\_\_ Cardholder email: \_\_\_\_\_ @ \_\_\_\_\_  
Card type: \_\_\_\_\_ CIN number (for IATA use only): \_\_\_\_\_  
UIR number: (for IATA use only): \_\_\_\_\_ Valid to: (MM/DD/YYYY) \_\_\_\_\_

I have been employed in the travel industry since: (Year) \_\_\_\_\_

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

Weekly hours: \_\_\_\_\_ Qualifications: \_\_\_\_\_

(1) Owner of 20% or more. Must be on IATA's record, and devote a minimum of 20 hours per week to the Travel Industry.

## 3. PAYMENT INFORMATION

Please select the desired payment option: \* Note that bank drafts are not accepted

### OPTION 1: PAYMENT BY CREDIT CARD

As this transaction will be processed by IATA Geneva, I understand that the ID Card fee will be debited in CHF currency.

Please select a card type:



Date: (MM/DD/YYYY) \_\_\_\_\_

Card number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Expire date: (MM/YY) \_\_\_\_\_ Total amount : CHF 25  
Cardholder name (as printed on the Credit Card): \_\_\_\_\_  
Cardholder address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/ State: \_\_\_\_\_  
Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Cardholder signature: _____ _____ _____
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### OPTION 2: PAYMENT BY BANK TRANSFER

#### IMPORTANT NOTES:

1. Bank Transfers must be made payable to IATA Montreal Accreditation. IATA account details as follows:

Bank Name/Address: Union Bank of Switzerland, 8 rue du Rhone, 1211 Geneva 2, Switzerland  
Account Nos.: 240-332.208.07 C IBAN: CH30 0024 0240 3322 0807 C (CHF debits)  
Swift Code: UBSWCHZH80A

2. Account Name: IATA

3. Any and all related bank charges are the sole responsibility of the Applicant.

4. Please enclose a copy of your BANK TRANSFER PAYMENT SLIP with this form.

Total amount : CHF 25

Issuing bank: \_\_\_\_\_ Date of transfer: (MM/DD/YYYY) \_\_\_\_\_

Employer's Endorsement that above details remain correct & Employer Agency stamp

Date: (MM/DD/YYYY) \_\_\_\_\_ Date: (MM/DD/YYYY) \_\_\_\_\_

Applicant Signature: _____ _____ _____
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Agency Owner/ Manage Signature: _____ _____ _____
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<b>AGENCY STAMP</b>
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