



# IATA / IATAN Travel Agent ID Card Application Form

## INSTRUCTIONS – Please read all instructions carefully before completing and PRINT CLEARLY

- STEP 1 Please read **Cardholder Agreement** thoroughly before completing and signing your Application.
- STEP 2 Provide requested information on **Application Form**, including **Payment Details**.
- STEP 3 Affix supporting documentation (eg. copy of diploma or certificate) & all necessary signatures.
- STEP 4 Include a passport-standard/size **Photo** (head and shoulders against a pale background), with your name and the agency's IATA Numeric Code printed on the back. Attach the photo to the right. If sending a digital photo, this must be provided in .JPG file format at 300 dpi resolution, measuring 250 pixels high by 200 pixels wide. Name the file with your agency numeric code and full name (e.g. 11111111JOHNDOE.JPG), and send it via e-mail to: [idcard-nz@iata.org](mailto:idcard-nz@iata.org).
- STEP 5 Return all completed forms, noting in the appropriate space if you have included a digital photo, to: **IATA Agency Services Office (ID Card), 9<sup>th</sup> Fl., 43 High St., DX CX10047, PO Box 1493, Auckland 1140 NEW ZEALAND**

Attach a Passport-size/standard **PHOTO** here with adhesive.

Write your Name and Agency Numeric Code on back of PHOTO.

**Note:**  
A digital photo can be submitted via e-mail (see **Instructions**).

## AGENCY INFORMATION – \*The applicant is employed by and physically works at the Agency location detailed below

IATA NUMERIC CODE (or TIDS, Domestic, etc):   –

UIR \_\_\_\_\_  
For Office Use Only

Agency Legal Name \_\_\_\_\_

Agency Trading Name (Name to appear on the card – maximum 22 characters, including blanks) \_\_\_\_\_

Agency Location\* (Street Number) (Street Name) (Suburb) \_\_\_\_\_

(City/Town) (Country) (DX Code) \_\_\_\_\_

Area Code Telephone Fax Business E-mail Internet Address www. \_\_\_\_\_

## APPLICANT INFORMATION (Please ✓ appropriate boxes) SEX: M F TITLE: Mr Mrs Ms Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
(AS PER YOUR PASSPORT - Maximum 22 characters, including blanks, of which Last Name must not exceed 15 characters)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Digital Photo  \_\_\_\_\_ .jpg  
Date of Birth: (Dy/Mo/Yr) (Pls ✓ if digital photo is being submitted via e-mail. Filename should include your 8 digit agency numeric code and full name e.g. 11111111JOHNDOE.JPG)

I have been employed in this industry, without interruption, as a travel agent since: \_\_\_\_ \_\_\_\_ \_\_\_\_ (Year)

I have been employed as a travel agent by the above agency since: \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ (Mo / Year)

IATA NUMERIC CODE of **previous** agency employer: (if applicable)   –

Please ✓ one box only in each of the following 3 selections:

POSITION IN CURRENT AGENCY: M  Manager C  Shareholder (1) S  Sole Proprietor/Owner (1)  
E  Employee P  Partner (1) I  Independent Consultant/Broker (2)

DUTIES IN CURRENT AGENCY: I  Inside Sales X  Outside Sales S  Customer Service  
A  Administration O  Accounting N  Marketing

HOURS PER WEEK: 1  35 or more hrs 2  25 to 34 hrs 3  20 to 24 hrs 4  less than 20 hrs

(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.

(2) A copy of the contract must be provided.

We, the undersigned, hereby declare that the information furnished on this Application Form is true and correct. In addition, as Agency Owner/Manager, I as the Employer confirm that I am authorised to sign on behalf of the Agency indicated in this Application Form. We also understand that any false declaration will lead to the cancellation and blacklisting of the ID Card.

I, the applicant, hereby consent to the collection, use and disclosure of my personal information for the purposes listed in the present form, including administering the Card programme and allowing me to obtain industry concessions and sharing information outside of my country of residence.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Agency Owner/Manager (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Agency Owner/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

NEW ZEALAND & SWP ISLANDS





## IATA / IATAN Travel Agent ID Card Cardholder Agreement

In consideration of IATA issuing the Applicant an IATA/IATAN Travel Agent ID Card (the Card), the Applicant agrees:

1. The Card at all times remains the property of IATA and the cardholder shall return it to IATA upon request,
2. Since the Card issued is unique to the cardholder, the cardholder shall not allow the Card, its identification number or any other information contained on the Card to be used by any other person, whether associated with the same agency as the cardholder or not, in such a way as to imply that such other person is the cardholder,
3. To return the Card to IATA for updating or reissuing within seven (7) days when any information contained on the Card, other than educational qualifications, becomes inaccurate, and to return the Card for cancellation within seven (7) days if the cardholder no longer qualifies to hold such a Card,
4. Not to tamper with any information or photograph contained on the Card, or any other aspect of the Card,
5. That this Card is NOT a credit card and that the cardholder shall not say or take any action which will lead a person to believe that IATA has guaranteed the credit, conduct or credibility of the cardholder, and that the Card does not guarantee the holder any discount, which is entirely at the discretion of the supplier,
6. Not to use the Card for any purpose after the date of expiry, and return the Card to IATA when the cardholder ceases to qualify to hold it,
7. That IATA may notify its suppliers or any other persons, which may make use of the Card, of the cardholder's participation in the IATA ID Card Programme, and may remove the cardholder's name from the IATA registration system, or do any other thing, if the cardholder breaches any of the conditions set out in this agreement,
8. That the cardholder will repay to any supplier any discount received if the cardholder has obtained such discount by using the Card in any manner not permitted by this agreement,
9. That IATA has the right to verify this information by interviewing the cardholder or other staff of this Agency, and/or by inspection of supporting documentation. Should such interviews or inspections be refused, or should any of the information provided turn out to be false, the Card may be withdrawn or declared invalid, and airlines and other industry suppliers notified accordingly,
10. To inform IATA immediately in the event that the Card is lost or stolen,
11. That IATA may charge a fee to renew or reissue a Card, or for administration of declined applications and payments made with insufficient funds,
12. That IATA may amend the terms of this agreement at any time provided that IATA has mailed to the cardholder the terms of amendment thirty (30) days in advance of such amendments. No such amendment may require the Cardholder to pay any retroactive additional charges or fees, but may increase future service charges,
13. That IATA assumes no responsibility for the misuse of the Card, and cannot be held liable for any costs incurred on behalf of or with any supplier. The cardholder agrees to indemnify IATA for any expenses incurred through misuse of the card by the cardholder,
14. That IATA may use the cardholder's application data and transmit them as necessary for the operation of the Travel Agent Card scheme and its related services.
15. The personal information collected with this form is used and communicated to third parties (including outside the province of the cardholder's residence and Canada) for the purposes listed in this form, including for administering the Card programme and allowing the cardholder to obtain industry concessions.
16. Your personal information collected with this form will be kept at the IATA headquarters in Montreal in a paper folder and an electronic database accessible only by the persons administering this Card programme. This file will be identified with the name of cardholder.
17. If you wish to access or request a rectification of your file, you may address your demand in writing to IATA's privacy coordinator at [privacy@iata.org](mailto:privacy@iata.org).
18. Your personal information may be shared with any partner allowing industry concessions upon the presentation of the Card for identification purposes as well as the confirmation of the extent of the industry concessions available to a legitimate cardholder, if you request such an industry concession, wherever this partner is located in the world.

### **EMPLOYER CERTIFICATION**

The Employer certifies the following:

19. The Applicant is a bona fide employee or consultant of the Employer, working in a remunerated position at the Agency location indicated herein and is at least the legal working age. The Applicant and Employer, by making this application, authorise IATA to verify the employment status of this Applicant, and
20. The Applicant devotes, in a full-time capacity, all or substantially all of his/her time to the promotion and sale of travel at the Agency location indicated herein, and is paid by salary and/or on a commission basis and is shown on the appropriate disbursement records of the Agency, and
21. The enclosed photograph of the Applicant is current and a good likeness of the Applicant, and
22. The Employer agrees to use its best efforts to ensure that the Applicant does not misuse the Card in contravention of the Cardholder Agreement and acknowledges that IATA will inform suppliers of any misuse of the Card. Such information may contain the name of the Employer Agency, and
23. The Employer and Applicant acknowledge that the Card is valid through the last day of the month and year indicated on the face of the Card and is not to be used thereafter, and
24. The Employer is responsible for ensuring that the Cardholder returns the Card if the Applicant/Cardholder leaves the Employer's employment or otherwise ceases to be eligible to hold the Card. Applicant and Employer should retain a copy of this Agreement for their records.

We, the undersigned, hereby declare that we have read and accept the terms and conditions of the Cardholder Agreement

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Agency Owner/Manager (*please print*): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Agency Owner/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**Please, validate this application using the official stamp of your agency.**





# IATA / IATAN Travel Agent ID Card Payment Details

**INSTRUCTIONS:** Please complete the applicable sections below, indicating the appropriate validity length and fee, and one of three (3) payment options. Include this sheet with your submission.

IATA NUMERIC CODE (or TIDS, Domestic, etc):    -

AGENCY NAME: \_\_\_\_\_

APPLICANT NAME: (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

AREA CODE TELEPHONE FAX BUSINESS E-MAIL

### PLEASE ✓ THE APPROPRIATE ID CARD FEE:

(Important Note: Fees are not refundable)

1 year

IATA Accredited and Domestic Agents	<input type="checkbox"/> NZD 55 <input type="checkbox"/> AUD 41
TIDS Agents	<input type="checkbox"/> NZD 95 <input type="checkbox"/> AUD 68

**Promotion Code**  
(If applicable)

### PLEASE ✓ THE DESIRED PAYMENT OPTION:

**OPTION 1: PAYMENT BY CREDIT CARD**

As this transaction will be processed by IATA Sydney, I understand that my ID Card fee will be debited in AUD currency. Please charge the ID Card fee to my credit card as follows:

MASTERCARD  VISA  AMEX

CARD NUMBER:

Expiry Date: \_\_\_ / \_\_\_ / \_\_\_ (Mo/Yr) Amount: AUD \_\_\_\_\_

Name on Credit Card (**PLEASE PRINT**): \_\_\_\_\_

Signature: \_\_\_\_\_

Full Mailing Address of Credit Card Holder: \_\_\_\_\_  
\_\_\_\_\_

**OPTION 2: PAYMENT BY BANK TRANSFER**

Important Notes:

- Bank Transfers must be made payable to IATA. IATA account details as follows:  
Bank Name: Citibank  
BSB No.: 242-000  
Account No.: 204865027  
Account Name: IATA - Australia Operating Account
- Any and all related bank charges are the sole responsibility of the Applicant.
- Please enclose a copy of your BANK TRANSFER PAYMENT SLIP with this form.

Issuing Bank (**PLEASE PRINT**): \_\_\_\_\_

Date of Transfer: \_\_\_ (Dy) \_\_\_ (Mo) \_\_\_ (Yr) Amount: AUD \_\_\_\_\_

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