



MALDIVES ASSOCIATION OF TRAVEL AGENTS & TOUR OPERATORS

Maldives Association of Travel Agents and Tour Operators
1st Floor, H. Reef View
Dhooimeri Magu, Male' Maldives
Tel: +960 3344929 Fax: +960 3344909
info@matato.org

MATATO MEMBERSHIP INFORMATION APPLICATION

ABOUT THE COMPANY

Name of the Company
Name of the Travel Agency/Operator
Licence # (Company) Date of Issue
Licence # (Travel Operation) Date of Issue
Official E-Mail Website

Directors of the Company

Table with 3 columns: Name, Contact #, Email. Multiple rows for listing directors.

Company Contacts

Administrative Email
Postal Address
Phone Number Fax Number

Contact Person Designated to MATATO

Name Designation
Phone # Mobile# Email

Company Profile

Nature of the Company
Travel Agent Tour Operator Others (Please Specify)

Services Provided or Sold

Aviation Guesthouses Resorts Hotel Accomodation
Liveaboards Dive Centres Charters Meetings & Congress
Others (Please Specify)



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Partnerships and Affiliation - Please name associations or organisations of which you are a member

Form with checkboxes for JATA, PATA, IATA, UFTA, MATI, MPRC, OTHERS, and a 'Please Specify' field.

MATATO Membership Options (For New Members)

Table with 3 rows: General Member (Travel Agencies/Tour Operators) - MRF 5000; Associate Member (Hotels/Resorts/Airlines and Travel Service companies) - MRF 3000; Special Member (Foreign Association/Tour Operators) - MRF 3000.

We, the undersigned, apply to become a registered member of the Maldives Association of Travel Agents and Tour Operators and confirm to accept and abide by its "Administrative Regulations" and hereby declare that the information given above is correct and We understand the any false information may result in cancellation of this application.

Form fields for: Authorised Signature, Name, Designation, Date.

Company Stamp

Please email a completed digital copy this form in .pdf format to info@matato.org. Kindly, mark 'membership application' as the subject of the mail. Also, please have a scanned and stamped copy of the form delivered to MATATO's postal address, H.Reef View, 1st Floor, Male', Maldives.

Check List - (Please provide the digital copies of the requested documents, attached with the application form)

Form with checkboxes for: Membership Fee for the Current Year, Scanned copy of the operating liscence, Company Logo (Higher Resolution JPEG, PNG or EPS format), Company Profile - In PDF format (250 word).

FOR MATATO USE

Form for MATATO USE containing: Received by, Date, stamp and Signature, Membership Certification, Certification Number, Date.