

ASSOCIATION OF INBOUND OPERATORS (MAURITIUS)

Application for Membership

1. NAME OF COMPANY:

ADDRESS:

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PHONE NO.: FAX NO.:

E-MAIL:

2. DATE OF INCORPORATION:

DATE COMPANY STARTED ITS OPERATION:

3. NAME OF DIRECTORS	NAME OF MANAGERS	NAME OF SENIOR EMPLOYEES
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a)
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b)
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c)
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d)
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4. NAME OF BANKERS:

5. SHARE CAPITAL - AUTHORISED: Rs divided into
ISSUED: Rs.....

6. NUMBER OF OWNED VEHICLES OR CONTRACTED:

7. COUNTRIES WHERE COMPANY HAS REPRESENTATIONS

a)

b)

c)

d)

e)

ASSOCIATION OF INBOUND OPERATORS (MAURITIUS)

8. PLEASE DESCRIBE BRIEFLY SERVICES PROVIDED AT THE AIRPORT; AND
GENERALLY

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DATE:

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SIGNATURE OF APPLICANT