TravelHub™

REGISTRATION FORM

COMPLETE IN CAPITAL LETTERS
Leave any part not applicable blank
*(If you need any clarification, call: **+234 913 102 6279**)*

1. PERSONAL DETAILS

Mr./Mrs./MS																	
First Name																	
Middle Name																	
Surname																	
State & attach proof of identity																	

2. AGENCY DETAILS

Agency Name (as on CAC cert.)																	
RC. No.																	
NANTA No.																	
Agency Email																	

3. ADDRESS/CONTACT INFORMATION

State & attach proof of address (Utility Bill)														
House No.														
Street														
Bus Stop/Lamdmark														
CIty/Town/Village														
LGA						**State**								
Mobile Phone No.						**Phone 2**								
Personal Email														

4. TRAVEL SALES INFORMATION

Approximate no. of tickets issued monthly: ....

Which airlines are your strength? ..../ ..../ ..../ ....

Which category of clients are your strength? (tick as appropriate)

1. Retail ☐
2. Frequent Individual Traveler (FIT) ☐
3. High Networth Individual (HNI) ☐
4. Corporate ☐

GDS: Sabre ☐ Amadeus ☐ Galileo ☐ None ☐

PPC Code: Sabre.................... Amadeus......................... Galileo....................... Not Applicable ☐
(For Freshers)

TravelHub™

5. TRAINING NEEDS

Do you have any training needs? Yes ☐ **No** ☐

If Yes, please list out your Training Needs in order of importance:

1) _____

2) _____

3) _____

4) _____

6. DETAILS OF REFREE

Name:																				
Home Address:																				
Tel. No:																				
Email:																				
Occupation:																				
Place of work:																				
Office Address:																				

State & attach copy of ID card

Declaration: I hereby declare that the information provided by me above is true and correct to the best of my knowledge. I also confirm that in the event that any information provided by me is found incorrect / incomplete, TravelHub will be within its right to refuse my admittance to the hub or discharge me from the hub.

I affirm that I have attached copies of proof of address and ID as required above.

Name & Signature _____ **Date:-** _____

FOR OFFICIAL USE: HUB MANAGER

I confirm to have verified the photocopies of documents above against their originals. I also confirm to have contacted the referee.

Proof of Identity Details

ID Number: _____

Issuing Authority: _____

Expiry Date: _____

Travel HUB Identity

Client Number allotted: _____

Name of Hub Manager: _____

Signature of Hub Manager: _____ Date: _____