



華景假期

Sinorama Holidays Inc.

7077 Kennedy Road, Unit 201, Markham, Ontario, L3R 0N8 www.sinorama.ca
905-513-1318 1-888-577-9918 905-513-1316 info@sinoramaholidays.com

New Agency Registration Form

A. Legal name of Agency: _____

Name of Agent(S): _____

Address: _____

City: _____ Prov. _____ Postalcode: _____

E-mailaddress: _____

Webpage: _____

Telephone: _____ Fax: _____

Registration # _____ (ONTARIO, QUEBEC, BC , MANDATORY)

Business license: _____ (MUST PROVIDE A COPY)

#HST _____ #TPS / GST _____ # TVQ / PST# _____

#HST#GSTREGISTER NAME: _____

B. Appointed Registration

IATA # _____ (Please Provide a copy of IATA approval)

CLIA Membership # _____

TIDS # _____

ACTA Membership # _____

Is your agency a part of a chain or consortium?

Yes No If yes which one? _____

C. Date Agency Commenced Operation : _____

Manager Name _____

===== *To Be Filled by Sinorama Holidays Official * =====

*Approved By: _____

*Date: _____ / _____ / _____
DD MM YYYY



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web site address: _____

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I understand and accept that it is my responsibility to read and understand the Terms and Conditions of Vacances Sinorama INC. I will inform my clients of the need to have a travel insurance since the trip they will purchase is a final sale. I will also inform my clients of the need to have a valid visa(s) for the country (ies) they will be visiting on this trip. I have to ensure that my travel agent certificate and that of my agency shall remain valid and in accordance with the requirements of the authority.

Manager Name _____
 Signature : _____ Date : _____ / _____ / _____
D/J M Y/A