



ASSOCIATION OF INBOUND OPERATORS
(MAURITIUS)
A I O M

APPLICATION FOR MEMBERSHIP

1. COMPANY NAME: _____

ADDRESS: _____

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
i _____	_____	_____
ii _____	_____	_____
iii _____	_____	_____
iv _____	_____	_____
v _____	_____	_____

4. NAME(S) OF BANKER(S): _____

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

ISSUED: Rs _____

6. NUMBER OF OWNED VEHICLES OR CONTRACTED: _____

7. COUNTRIES WHERE COMPANY HAS REPRESENTATIONS

i _____

ii _____

iii _____

iv _____

v _____

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

DATE: _____ NAME OF APPLICANT : _____

SIGNATURE OF APPLICANT: _____