



**Government of Goa  
Department of Tourism  
1st Floor, Paryatan Bhavan, Patto - Panaji  
Goa - 403001**

**APPLICATION FOR REGISTRATION OF NEW TRAVEL AGENCY AND TOUR OPERATER/RENEWAL OF EXISTING TRAVEL AGENCY AND TOUR OPERATOR**

FORM III  
(See rule 3(1) and (6))

To,

The Prescribed Authority,

North Zone Office,  
1st Floor, Paryatan Bhavan, Patto -  
Panaji  
Goa - 403001

South Zone Office,  
Block No.43, Ground Floor,  
Mathany Saldanha Administrative  
Complex,  
Margao Goa - 403601



Sir,

I/We request that I/We may be registered as Travel agent/Excursion agent/Tour Operator within the meaning of Goa Registration of Tourist Trade Act, 1982 for the year \_\_\_\_\_. The other particulars are as under

New Registration       Renewal      In case of renewal, enter Certificate No

Renewal for  Years (Maximum renewal upto 5 years).

The particulars required for the purpose are given herein below:-

REGISTRATION TYPE  Travel Agent       Tour Operators       Excursion Agent

Operated by\*  Individual       Company      Nationality (Company / Individual)

If Company  Private Ltd.       Public Ltd.

1 Details of the person/company with full address intending to operate or is already operating as Travel Agent

NAME*	<input type="text"/>																	
ADDRESS*	<input type="text"/>																	
VILLAGE/TOWN*	<input type="text"/>																	
TALUKA*	<input type="text"/>						PINCODE*	<input type="text"/>										
TELEPHONE NO	<input type="text"/>						MOBILE NO*	<input type="text"/>										
AADHAAR NO (In case of Individual)	<input type="text"/>						PANCARD*	<input type="text"/>										
EMAIL-ID	<input type="text"/>																	

2 Name of the proprietors(in case of company, authorized signatories, in case partners name of all the partners)

SR NO	NAME*	MOBILE NO*	AADHAR NO	PANCARD NO
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

3 Tourist area for operating business\*

TALUKA\*

PLACE\*

4 Name of the firm and its registered address with Tel. Nos.

NAME OF THE FIRM\*

ADDRESS\*

VILLAGE/TOWN\*

TALUKA\*  PINCODE\*

WEBSITE\*

OFFICE NO\*  MOBILE NO

EMAIL ID

For office use only			
Inward ID: _____	Form Processing <input type="checkbox"/>	Data Entry <input type="checkbox"/>	Doc Uploaded <input type="checkbox"/>
Inward _____	Status <input type="checkbox"/>	Application Verified <input type="checkbox"/>	



Enclosures:- Tick mark necessary documents enclosed with the application form													
Document Type													
<input type="checkbox"/> Municipal/Panchayat licence or Trade Tax Receipt*	Bank Name												
	Date	D	D	M	M	Y	Y	Y	Y				
<input type="checkbox"/> Travel agent licence issued by Directorate of Transport (if applicable)	NOC/Doc No												
	Validity	D	D	M	M	Y	Y	Y	Y				
	Issue Date	D	D	M	M	Y	Y	Y	Y				
<input type="checkbox"/> Copy of income tax filed for last financial year. *	NOC/Doc No												
	Date	D	D	M	M	Y	Y	Y	Y				
<input type="checkbox"/> Particulars of services to be provided to tourists.*													
<input type="checkbox"/> Certificate of incorporation from registrar of Compines(if applicable)	Doc No												
	Date	D	D	M	M	Y	Y	Y	Y				
<input type="checkbox"/> GST Registration(if applicable)	Doc No												
	Issue Date	D	D	M	M	Y	Y	Y	Y				
<input type="checkbox"/> Ownership Document (in case premises is owned) or Copy of Lease Agreement (in case premises are Leased)	NOC/Doc No												
	Validity	D	D	M	M	Y	Y	Y	Y				
	Issue Date	D	D	M	M	Y	Y	Y	Y				
<input type="checkbox"/> Authority letter from other transport officer/travel agent/ IATA for booking seats on their behalf (in case providing airlines booking)	Reg No												
	Date	D	D	M	M	Y	Y	Y	Y				
<input type="checkbox"/> Balance sheet and Profit & loss statement pertaining to the travel business, as prescribed under the company law (if applicable)	Name of Auditor												
	Financial Year	Y	Y	Y	Y	-	Y	Y	Y	Y			

Other Document (Specify name and other details in the space provided below)													
1	NOC/Doc No												
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y		
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y		
2	NOC/Doc No												
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y		
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y		
3	NOC/Doc No												
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y		
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y		
4	NOC/Doc No												
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y		
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y		
5	NOC/Doc No												
	Validity Date	D	D	D	M	M	M	Y	Y	Y	Y		
	Issue Date	D	D	D	M	M	M	Y	Y	Y	Y		

- Note:**
1. All documents should be self attested by the applicant.
  2. In case of multiple NOC/Certificate/Insurance please fill details in "Other Document" section as mentioned above.
  3. In case of more than 5 other documents please provide details on additional blank page.
  4. Fields marked with \* are mandatory.