

ASSOCIATION OF TRAVEL AGENTS OF BANGLADESH

Sattara Center (15th Floor), 30/A Naya Paltan, VIP Road, Dhaka-1000, Bangladesh.

Tel: +88 02 9332728, 8332712, Cell: 01882088749 Email: atab@citech.net, Web: www.atab.org.bd One copy Passport size Photography

Application Form for ID Card								
1. Name of Applicant								
2.	Designation			Date of	Birth		Blood Group	
3.	Agency Name	& Address					·	
4.	Tell		Cell			Fax		
5.	Email				Website			
6.	TIN No							
Papers to be submitted.								
i.								
11. iii.	M . CTDIC .: C							
iv.								
	Sim	natura with C	aal	Specimen Signature of Applicant (Middle Spece)				
Signature with Seal Specimen Signature of Applicant (Middle Space)								
FOR ATAB OFFICE USE ONLY (ACCOUNTS)								
	. No.				MR. Da	te:		
ID '	Validity Date:	C 1				7.		
Seal				Signature (Accounts)				
NID								
NB: 1. Proprietor / Managing Director / Director / Managing Partner / Partner are only entitled to get ATAB Identity								
	Card.							
2.0	2. Cash / Pay order in favor of ATAR for Take 150.00 should be analoged							
2. Cash / Pay order in favor of ATAB for Taka 150.00 should be enclosed								