



BILLING AND SETTLEMENT INSURANCE (IATA) PROPOSAL FORM

**FOR INSURANCE COVER BY IATA AGENTS PARTICIPATING IN
BILLING & SETTLEMENT PLAN-INDIA**

AGENT REGISTRATION FORM

I/We make application to participate in the above scheme

Agent Name (Applicant):IATA/Agent Code:.....

Agent Address:.....

Agent PAN: Agent GSTN:

Mobile No:.....Telephone No:Fax No:

BSP Tickets sold previous year (April xxxx – March xxxx):		Estimate for current year (April xxxx – March xxxx):	
BSP Sales in previous year in (INR)(April xxxx – March xxxx):		Estimate for current year in (INR) (April xxxx – March xxxx):	

I:(print full name) Being a Director/ Partner/ Sole Trader of:

..... the Applicant and IATA approved agency hereby declare that:

COMPANY DECLARATION– to be completed by an official of the company for example 'Director', Proprietor, Partner, Managing Trustee.

- a) I have no reason to doubt that the Applicant will be able to comply with its obligations. To the best of my knowledge, information and belief and after due careful enquiry, the information contained herein is correct.
- b) I am not aware of any circumstances which I have not disclosed to you which might influence you and /or your principals' acceptance of the risk.
- c) In the event of you approving the application, the Applicant will, during the period of your principal's liability upon your request, immediately make available to you and allow you to examine or take copies of any accounts or other documents in its possession relating to its own, and any Holding and/or Subsidiary Company's financial affairs.
- d) I am duly authorized by the Applicant to complete this form on its behalf and to make this declaration on its and my behalf.
- e) That I have read and understood the Passenger Sales Agency Agreement (Resolution824), the Sales Agency Rules (Resolution 812) and other governing Passenger Agency Conference Resolutions relevant to my relationship with IATA and member airlines and I agree with the same.
- f) That I am aware of the minimum qualification requirements and Financial Criteria that are binding upon my agency for accreditation and retention thereof. In particular, I am aware that in order to obtain a satisfactory evaluation, I may be required by IATA to provide a Bank or Insurance Cover.
- g) That I understand, IATA will obtain an Industry Insurance Policy or Policies as required, the terms of which are approved by them as adequate Financial security in terms of the said Resolutions on behalf of BSP participating member and non-member airlines. I understand that the Insurance Policy or Policies for the value of cover

provided shall be deemed to be the guarantee in fulfillment of our obligations to provide a financial security under governing Resolutions, subject to its terms and conditions of which I have been made aware.

- h) That I offer my unconditional consent and agreement to IATA recovering a pro-rata amount from my agency, corresponding to the rate of Insurance premium payable to you as is applicable to the SUM Insured in respect of my Agency.
- i) That I hereby authorize IATA to invoice this amount through the Billing & Settlement Plan by means of a Settlement Plan Debit (SPDR) at least four billing periods in advance of the date when premium is due and I undertake to pay the same without dispute or demur.
- j) That I unconditionally consent to IATA disclosing general, financial and/or statistical information concerning my agency to the Insurer, in pursuance of the aforementioned Insurance Policy.
- k) That I agree to be equally bound and obligated by IATA's duty of subrogation as the "Assured" or "Insured" under the Insurance Policy and I unconditionally agree to reimburse IATA any claim amount settled by the Insurer on account of my Agency under the Policy.
- l) That this declaration is being issued and signed by me of my own free will and volition and that I understand the contents thereof, and,
- m) I will not revoke, amend or alter the terms contained in this declaration without your prior express written consent.

I hereby agree personally to indemnify you and your principals against actions, proceedings, claims and demands which may be brought against you or your principals and all liabilities, losses damages, costs and expenses of whatsoever nature which you or your principals may suffer, incur or sustain through a breach of this declaration.

Signed:..... Dated:/...../.....

Home Address:

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PERSONAL INDEMNITY DECLARATION

To be completed by ALL controlling persons of the Applicant, for example Director(s), Proprietor/Owner

In consideration of **IFFCO-TOKIO General Insurance Company Limited**, issuing to IATA a policy for their benefit to cover the event of default of ticket sales payments in line with the Passenger Sales Agreement Signed by the above Applicant of which I / We the Director / Partner/Proprietor / Sole Trader / Controlling Party understand and agree to:

- a) unconditionally and irrevocably indemnify personally IFFCO-TOKIO Gen. Ins. Co. Ltd. against all actions, claims, demands, liabilities, losses, damages, costs and expenses (including all legal costs) which IFFCO-TOKIO may, at any time, incur or suffer, directly or indirectly, as a result of, or in connection with, the policy issued to IATA in respect of the above applicant;
- b) that when IFFCO-TOKIO is called upon to make any payment under or in connection with the policy in respect of the above applicant, the Director/Partner/ Proprietor/ Sole Trader/ Controlling party is responsible personally to immediately repay IFFCO-TOKIO the amount of such payment;

I/ We, the Director/Partner/Proprietor/ Sole Trader/ Controlling Party fully understand that IFFCO- TOKIO Gen. Ins. Co. Ltd. will have the right under the above indemnity to recover from me/ us any loss suffered by IFFCO-TOKIO under the insurance policy issued to IATA

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Signature Full Name (please print) Position In
 Company

Home Address:

Date:...../...../.....

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Signature Full Name (please print) Position In
 Company

Home Address:

Date:...../...../.....

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Signature Full Name (please print) Position In
 Company

Home Address:

Date:...../...../.....

What happens now:-

- ***Please submit completed and signed form to the Insurer (IFFCO-TOKIO Gen. Ins. Co. Ltd)***
- ***ITGI will confirm date of coverage to and sum insured to IATA whom will notify Agent and make arrangements to collect premium***