



KARNATAKA STATE TRAVEL OPERATORS ASSOCIATION

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಪ್ರವಾಸಿ ವಾಹನ ಆಪರೇಟರ್ ಸಂಘಟನೆ (ನೋಂ)

No 29, Nanjappa Mansion, K H Road, Shanthinagar, Bengaluru - 560 027

E-mail : kstoassociation@gmail.com Ph :080-22239054 Mob :9845029553

REGD No : DRB-2/SOR/112/2019-20

BUS OWNERS FEDERATION

APPLICATION FOR MEMBERSHIP

ORDINARY ELITE

(Please Tick)

Karnataka State Travel Operators Association

#29, Nanjappa Mansion, K H Road,
Shanthinagar, Bangalore-560027

MEM ID NO :.....

Dear Sir,

We desire to admitted as a Ordinary / Elite member of the Karnataka State Travel Operators Association. We have enclosed the cheque / Draft Bearing No Dated..... Drawn on Bank in Favor of the Karnataka State Travel Operators Association for RS.....(In words)..... Towards the admission fees and the ordinary / Executive subscription for the financial Year 20..... to 20..... (April to March) As desired, the relevant documents are furnished below:--

1. Name of the organization

2. Address

Phone :

Fax :

Mobile:

Email :

Web Site :

3. Year of Establishment

4. Name and designation of the representative

Name

Designation



REGD No : DRB-2/SOR/112/2019-20

5. Nature of Business

- a. Cab operator
- b. Tourist Operators
- c. Employee Transporter
- d. District Association
- e. E-commerce operators
- f. School Bus Operators
- g. Trip Adviser
- h. Tour Organizer

06. Please provide the following information as applicable (enclose photo copy of the Document)

GSTIN :

MSME Registration No :

PAN :

Company Registration :

IE :

Professional (Institution Membership No):

Name of the Banker :

07. PHOTOGRAPHS



Name of Representative

Name of Representative

Name of Representative

We agree to abide by the Memorandum and Articles of Association of the KSTOA as amended time to time

Yours Faithfully,

Seal Signature



REGD No : DRB-2/SOR/112/2019-20

We know the applicant and recommend them to be admitted as a Member of KSTOA.

Karnataka State Travel Operators Association

Proposed by:

Authorized by :

ID Card No :

ID Card No :

08.Declaration

The above furnished details are true to the best of my knowledge and I assure the best cooperation and kind support with dedicated effort for the Association work and I stick to policies and decision of the KSTOA.

Thanking you,

Yours Sincerely,

Name.....

(Seal & Sign)

OFFICE USE ONLY

Presented to Managing Committee onApproved/Not Approved

.....
President

Entered in Membership Register on & Certificate issued on.....

Identity Card NO

.....
General Secretary



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INSTRUCTION FOR FILLING UP FORM

Your requested to read the instructions carefully before filling up the Application form:-

1. Name : Enter the full name of the member
2. Address : Enter Complete address and telephone No. etc
3. Year of Establishment : State the year of establishment
4. Name and Designation of the Representative : Proprietor or Partnerships name and Designations
5. Please fill the details in Capital Letters
6. Please enclose the following documents as applicable (to be filed)
 - a. Company Registration Certificate.
 - b. GST & PAN Number
 - c. Voter Id / AADHAR / Driving License
 - d. Partnership Deed
 - e. MSME Certificate
 - f. Passport size photographs (3 No)
 - g. Cheque or DD in favor of KSTOA, Bangalore.
 - h. Bank Details As Follows :-

NAME : KARNATAKA STATE TRAVEL OPERATORS ASSOCIATION
BANK : CORPORATION BANK
A/C NO : 510101007045712
IFSC CODE : CORP0000222
BRANCH : SHANTHINAGAR, BANGALORE-560027

FEE STRUCTURE- MEMBERSHIP (Additional of GST 18%) - NON REFUNDABLE

MEMBERSHIP CATEGORY	ADMISSION Fee's	ANNUAL fee's
Ordinary	2400 + 500 = 2900/-	2400
Elite	9500 + 500 = 10000 /-	-

* Below 20 lakh transaction doesn't required GST certificate.

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