

## AFFILIATE PROGRAM REGISTRATION FORM

Kindly fill in the form below. Please note that fields marked with an asterisk (\*) are mandatory.

### Particulars of Organization / Company

**Company Name \*** \_\_\_\_\_  
(full legal entity)

**Trading Name** \_\_\_\_\_  
(please indicate if your trading name is different from above)

**IATA Agent Numeric Code \*** \_\_\_\_\_  
(if you are a registered IATA travel agent, enter your IATA code here, otherwise leave it blank)

**Company Registration Number \*** \_\_\_\_\_  
(if applicable, otherwise leave it blank)

**Nature of Business \***

|  |                                       |                                 |
|--|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Travel Agent  | <input type="checkbox"/> Wholesalers  |                                 |
| <input type="checkbox"/> Travel Portal | <input type="checkbox"/> Others _____ | <small>(please specify)</small> |

**GDS Used**

|                                  |                                       |                                 |
|----------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Abacus  | <input type="checkbox"/> Amadeus      |                                 |
| <input type="checkbox"/> Galileo | <input type="checkbox"/> Others _____ | <small>(please specify)</small> |

### Contact Information

**Business Address \*** \_\_\_\_\_

Postcode/ZIP \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

**Telephone \*** \_\_\_\_\_ **Fax \*** \_\_\_\_\_

**Email Address \*** \_\_\_\_\_

**Website** \_\_\_\_\_

### Persons Representing Company

**Official Representative \***

The official representative will act as the focal person for all correspondences between the company / organization and SEDANIA Travelneeds2u. Please ensure that this information is entered correctly.

Name \_\_\_\_\_

Designation \_\_\_\_\_

Email Address \_\_\_\_\_

Tel \_\_\_\_\_

**Alternate Representative**

Name \_\_\_\_\_

Designation \_\_\_\_\_

Email Address \_\_\_\_\_

Tel \_\_\_\_\_

### Directors and/or Senior Management

**A) \* Name** \_\_\_\_\_

**Designation** \_\_\_\_\_

**B) Name** \_\_\_\_\_

**Designation** \_\_\_\_\_

### ST2U's Program Participation

Global Starter Pack Affiliate Program

Travel Insurance Affiliate Program

### General Declarations

To : SEDANIA Travelneeds2u Sdn Bhd (ST2u),

*We hereby irrevocably, jointly and severally agree to indemnify ST2u against all actions, proceedings, claims and demands which may be brought against ST2u or its principals and all payments, liabilities, losses, damages, costs and expenses of whatsoever nature which ST2u may suffer, incur or sustain where such is caused or arises from or relates to any consideration furnished by ST2u to cover ST2u against any or all financial losses occasioned to it by the applicant participating in the program (s).*

*ST2u is hereby authorized to provide you or representatives upon request and on a confidential basis such information relating to the applicant's transactions as may be required from time to time for the program's eligibility assessment purposes.*

*By signing this registration form, I have read and understood the General Declarations prior to participating in ST2U's program (s).*

|  |       |
|--|-------|
| <b>Signature &amp; Company Stamp *</b> |       |
| <b>Name *</b>                          | _____ |
| <b>Designation *</b>                   | _____ |
| <b>Date *</b>                          | _____ |