



# Tour Operator Support Program Application Form

## GENERAL INFORMATION

Registered Business Name / Tour Operator Name:

\_\_\_\_\_

## ELIGIBILITY

*(Select ONE applicable category)*

Tour Guide

Tour Guide Association

SMSE (less than 20 employees)

Tour Operator Association

## INSURANCE INFORMATION

Type of Insurance: \_\_\_\_\_

Insurance Company \_\_\_\_\_

*Amount requested ( kindly attach a verified quotation form the insurance company of choice)*

## DECLARATION

I/we declare that the information provided in this application is true and correct and that I/we fully understand and will be the the terms and conditions of this program

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## INTERNAL PURPOSES ONLY

Tour Operator Application Completed

YES

NO

Licensing Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Registrar of Hotels: \_\_\_\_\_

Date: \_\_\_\_\_

Approved

Not Approved

Amount Approved: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_