



Corporate Travel Application Form

1. Company Details

Company Name:

Company Address:.....

Contact No:

Email Address:

Company Website Address:

Business nature

- Agriculture
- Automobile
- Arts, Entertainment, Media, Recreation
- Banking, Financial, Insurance Services
- Business Consultancy, Administrative Support Services
- Construction, Property, Engineering, Real Estate
- Natural Resources
- Electronics, Information & Technology, Telecommunication
- Others
- Education, Training & Resource
- Healthcare, Pharmaceutical & Medical
- Hospitality (Hotels & Restaurants)
- Household & Personal Goods
- Legal & Accounting
- Manufacturing
- Public Utilities
- Retail
- Trading
- Transportation, Logistics, Storage
- Wholesale

Location of Headquarters (City)

Location of Regional Headquarters (City).....

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If your company is group of companies, please mention the each entity,

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2. Company Travel Details in the last twelve months

Annual Business air travel spending in Myanmar National Airlines

Class of travel	Economy , Premium Economy , Business
The most travelling cities in Domestic	
The most travelling cities in International	
Upgrade Award Achievement International	Never , Sometime , Every time

Does your company have a business travel policy?

If yes, please specify

Details of your company's appointed travel agents

Please provide details of your appointed travel agent(s)including BSP

Name of travel agent

Contact Person Title :.....

Tel Email

Name of travel agent 2

Contact Person Title :.....

Tel Email

3.Details of Contact Person

Administrative Staff/ Travel Business Staff

This application should be endorsed by a representative in a managerial position (or above) or someone with the authority to enroll their company in Corporate Travel Solutions.

Name:.....

Title:.....

Contact No:.....

Email Address:.....

On behalf of (Company Name):.....

I hereby sign and agree to submit an application on behalf of the Company for membership in Corporate Travel Solutions and confirm that the company agrees to be bound by the Terms and Conditions herein.

Authorised signature with company chop

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Primary Co-ordinator

Please provide name cards of the primary and other (if any) co-ordinators.

Name:.....

Business Title:.....

Contact No:..... Email Address:.....

Addressee for receiving programme information letters / Programme Terms & Conditions

Name:..... Signature:

Addressee for receiving UB eNewsletter, latest information and promotions via email

Name:..... Email Address:.....

4. Payment Method

Company preferable term of payment (Cash/ Credit Card/ Bank Transfer)

Credit Time Duration

Other Terms and Condition

5. For Office Use only

Verified BY:..... Level:.....

Date:.....

Approved By:..... Level:.....

Date:.....

Agreement effective from / /

Notes:.....

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