TRAS1 REGISTRATION FORM

(This form shall be completed by new Operators and those required to update their details from time to time)

1. COMPANY DETAILS

Tourism Operator Name _____
(as it appears under Company Registration Certificate or ID for individuals)

Industry Category _____
(where applicable)

ZTA Reg Number ZTA Reg No Expiry Date
(where applicable)

Operator Address _____
(also enter Postal address separately where it is different from the physical address)

_____

_____

Tourism Operator Phone ----------

NAME OF BANK _____

(State the Bank which shall be used for submission of Form TRAS 1 until your company later chooses to change it)

2. COMPANY CONTACT PERSON'S DETAILS

(Notes: In addition to the company/facility's contact details, contact person details are key for any alert messages or reminders on submission or non submission of Form TRAS 1 which may be sent for Bank or RBZ, as the case may be. Hence it is important to supply active email address/es or mobile contact number/s)

Full Name of the Contact Person _____

Position of the Person in the Company _____
(specify e.g. Managing Director, Finance Manager, Company Secretary, etc)

Mobile Number _____
(specify the mobile number including the country code eg +263 for Zimbabwe)

Email Address _____
(specify the corporate email address/es)

3. STAFF MEMBERS WHO NEED ACCESS TO FORM TRAS 1 ONLINE

(Notes: Access to the system shall be given to the individuals indicated hereunder and the usernames shall enable the creation and submission of Form TRAS 1 through one Bank. At least one person per tourism facility can be given access to system and/or reports on the data to be captured on Form TRAS 1. The tourism operator may request for specific reports for the stated user, at this stage or even in the future.) Where a facility is run by a single person, one username can be requested which carries system roles of data capturing, submission of Form TRAS 1 and running of system reports. There is no limit to the number of user any facility can apply for.

Full Name of the Staff Member ______________________________________
(specify the full name of the new user)

System Role Data Capturing / Submission of TRAS1 / Reports
(delete the inapplicable)

Mobile Number ______________________________________
(specify mobile number/s of the user)

Email Address ______________________________________
(State the user's email address- it is the one through which the first password will be communicated)

Full Name of the Staff Member ______________________________________
(specify the full name of the new user)

System Role Data Capturing / Submission of TRAS1 / Reports
(delete the inapplicable)

Mobile Number ______________________________________
(specify mobile number/s of the user)

Email Address ______________________________________
(State the user's email address- it is the one through which the first password will be communicated)

Full Name of the Staff Member ______________________________________
(specify the full name of the new user)

System Role Data Capturing / Submission of TRAS1 / Reports
(delete the inapplicable)

Mobile Number ______________________________________
(specify mobile number/s of the user)

Email Address ______________________________________
(State the user's email address- it is the one through which the first password will be communicated)

Full Name of the Staff Member ______________________________________
(specify the full name of the new user)

System Role Data Capturing / Submission of TRAS1 / Reports
(delete the inapplicable)

Mobile Number ______________________________________
(specify mobile number/s of the user)

Email Address ______________________________________
(State the user's email address- it is the one through which the first password will be communicated)