



HOTEL ASSOCIATION ZANZIBAR

IMPORTANT

- This application form is applicable to all types of membership category as per the Memorandum and Articles of Association.
- This application form should be filled in triplicate copies, one copy to be retained by the applicant and the other two to be submitted to HAZ.
- When returning completed application form, please enclose a cheque in settlement of entrance fee.
- Make sure that two HAZ members who propose and second your application append their signatures in this form.
- Please Attach a copy of your Company’s Business Certificate of Incorporation
- For the Turnover, please quote the audited accounts of the last financial year where possible.
- Please note that membership may be terminated if the business engages in any proscribed or prohibited trade by the laws of the land.
- Please note that HAZ may call for verification or proof of any information furnished herein.
- Please note that the information provided in this form will be treated to the strictest confidentiality.

SECTION I

Company/ Business Name:.....

Postal Address:

Physical Addresses:.....

Area/Region and Nearest town:.....

Telephone and Mobile Nos:.....

E-mail Addresses:.....

Web Site:

SECTION II

1.Nature of Business:.....

2. Physical Location of Business.....

3. When was the business established: Year.....Month.....Date.....

4. Type of Ownership (Please Tick One) (a) Company (Legal status)
 (b) Sole proprietorship
 (c) Partnership

5. Full names and Nationality/ies y of the owners/Directors/Partners/Sole Proprietor/s as at the date of this application:

	Full names	Nationality	ID./Passport No.	Address



HOTEL ASSOCIATION ZANZIBAR

6. Names and contacts of the Senior Managers

Designation	Name	Email	Mobile Phone
General Manager			
Financial Controller			
Operations Manager			
Sales/Marketing Manager			
Resident Manager			

7. Total capital invested in US\$:.....

(a) Share capital:..... (b) Loan capital:.....

8. Is your business Star- rated? If Yes state its star rate:

9. Patron and Room capacity:..... 11. Bed capacity:.....

12. Approximate annual turnover in US\$:

13. Number of Employees: (i) Management employees:

(ii) Unionizable employees:

(a) Number of Permanent Staff:..... (b) Number of Casual Staff :.....

Total No of Employees:.....

14. Structure of Annual Membership Fee:(Provided in the attachments.)

15. Does your business have all the requisite statutory licenses? If yes please give details below:

Name of the License	Date of Issue	Validity period

16. Does the business meet all the requirements of Public Health Act? Yes/No (Please Circle)

17. Are all your hospitality staff medically fit to serve as such? Yes / No ? If NO please give details below.

SECTION III

18. **Proposers: (must be members)**

Proposer 1 :
Full Name:.....

Proposer 2 (Seconder):
Full Name:

Signature:.....

Signature:

Date:

Date:

(Official stamp)

(Official stamp)



HOTEL ASSOCIATION ZANZIBAR

SECTION IV: CHECKLIST:

Ensure the following is done before submitting the form:

	Item	Please Tick (✓)
1.	Sections I & II of form completed	
2.	Form signed and stamped by Proposer and Seconder (Section III)	
3.	Appropriate cheque for entrance fees attached	
4.	Copy of certificate of incorporation attached	

DECLARATION

I hereby declare that the information given above is complete and correct to the best of my knowledge.

Full name:.....

Designation:.....

Signature:..... **Date:**.....

For and on behalf of our company/business I am applying for membership of Hotel Association of Zanzibar (HAZ) and agree to be bound by its memorandum and articles of association and any rules thereunder which are now or may at any time be in force; to notify the Association of Hotel of any changes in Directors/Partners/Management or ownership during the period of our membership of the Association and also to notify the association of any other changes on any information given in the application form including turnover.

FOR OFFICIAL USE ONLY

<p>Approved by the HAZ Board of Directors.</p> <p>Details:</p> <p>.....</p> <p>Signature: Date</p> <p>Not Approved by the HAZ Board of Directors.....</p> <p>Reasons for Disapproval:</p> <p>.....</p> <p>Signature: Date.....</p>
