

Trade Registration Form



Registration for booking portal access enabling credit card payment at the time of booking

Company Name	<input type="text"/>	Network/Group	<input type="text"/>
Company Profile	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>
Zip Code	<input type="text"/>	Preferred Currency	<input type="checkbox"/> USD <input type="checkbox"/> AUD <input type="checkbox"/> QAR
Form of business	<input type="text"/>	No. of years in business	<input type="text"/>
IATA no. if applicable	<input type="text"/>	Booking system used	<input type="text"/>
Distribution / Promotion channels	<input type="text"/>	Preferred language	<input type="text"/>
Key market segment	<input type="checkbox"/> Destination Doha <input type="checkbox"/> Stopover	Customer demographic	<input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Couple
	<input type="checkbox"/> Transit <input type="checkbox"/> MICE		<input type="checkbox"/> Group <input type="checkbox"/> Student <input type="checkbox"/> Solo travelers
	Other <input type="text"/>		Other <input type="text"/>
Contract with QR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seat Commitment on QR	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pax Projection to Qatar	FY22/23 <input type="text"/>		

KEY QATAR AIRWAYS SALES MANAGER CONTACT			
Name	Country	Email	Phone No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LEGAL FORM UNDER WHICH THE BUSINESS OPERATES

IATA Agent	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>	Corporation	<input type="checkbox"/>
ICH Member	<input type="checkbox"/>	Non-IATA Agent	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Other	<input type="text"/>				

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TRADE REGISTRATION DOCUMENTS

Business Registration / Company Registration / Company License

Yes

No

IATA Accreditation Certificate

Yes

No

KEY TRADE PARTNER CONTACT DETAILS

Reservations Primary Contact	Reservations Confirmation	Invoicing
Name:	Name:	Name:
Position:	Position:	Position:
Email:	Email:	Email:
Phone No:	Phone No:	Phone No:

I hereby certify that the information contained herein is complete and accurate.

Name of Authorised Signatory & Signature

Date: _____

Terms & Conditions:

- The information that you provided above will be processed according to the Discover Qatar privacy policy
- By submitting this form you consent to receive exclusive offers and the latest news on our products and services directly in your inbox
- Partners shall be considered for registration once the form is fully filled and returned to Discover Qatar
- Quarterly review shall take place with your Account Manager
- Partners to complete and send to dqsales@qatarairways.com.qa