

AFTA Chargeback Scheme
Member Application Form and Declaration



This application is used to facilitate your membership of ACS. Approval of your membership is confirmed once you have been approved by an ACS Payment Partner. If your application is approved, you will receive written confirmation of your ACS Membership, a Product Disclosure Statement and Protection Schedule.

1. ATAS accreditation

ATAS entity name _____

Are you currently ATAS Accredited: No Yes ATAS Accreditation number: A _____

2. Which business provides you with a merchant terminal? _____

3. Which business provides you with an online payment portal? _____

4. How many merchant terminals do you have in your business? _____

5. Supplier Turnover Value – *Once you have selected a payment partner*

- For the past 12 months, provide a report detailing the Total Turnover Value for all third party Suppliers of Travel Arrangements for your Customers in excel (itemised by Supplier name).

6. Please confirm, pursuant to s6.2(a) of the ATAS Charter, that by applying for ACS you consent for AFTA to provide to ACS, the ACS Payment Partners and the underwriter any relevant information that you provide as part of your ATAS application including but not limited to business entity information and financial statements.

Yes No

7. Declaration:

I, _____ (the **Applicant**):

1. Apply for membership of AFTA Insolvency Chargeback Scheme Limited, trading as AFTA Chargeback Scheme (**ACS**) and warrant that I am eligible for membership including maintaining AFTA Travel Accreditation Scheme accreditation (ATAS).
2. Grant ACS access to all information provided to the Australian Federation of Travel Agents as part of the ATAS application.
3. Accept that an offer of ACS Membership means that I agree to be bound by the terms and conditions of Membership as set out in the Constitution and the Product Disclosure Statement.
4. Declare that the information supplied to ACS is correct to the best of my knowledge and belief and that it is not deficient in any material respect and I consent to the information being used by ACS.
5. Undertake to enter into an agreement with an Approved Payment Partner for processing credit card payments for Travel Arrangements involving Suppliers if my application is accepted.
6. Understand that all particulars and information provided to ACS in the course of applying for Membership and Protection and the basis for the exercise of discretion to grant the Protection are deemed to form part of the terms of the Applicant's entry as a Member of ACS.
7. Acknowledge that I will assess the Constitution of AFTA Insolvency Chargeback Scheme Limited at www.afta.com.au/acs and I have received and read the Product Disclosure Statement for the Protection.
8. Agree to notify ACS if my eligibility status or contact details change from that provided at the time of my application, for example if I cease to be ATAS Accredited.
9. Agree to notify ACS of any matter that will materially alter the information provided on or with my application for Membership of ACS.

Signature of Applicant/Authorised Officer of Applicant
(Company Secretary / Director):

Date

Name of Authorised Officer of Applicant (print)