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STATEMENT FOR THE HALF-YEAR ENDED

NAME OF THE TOUR OPERATOR/TRAVEL AGENT

ADDRESS

Sl. No.	Name and Address of foreign counter-parts/airlines on whose account tours operated	No. of tourists handled	Name of the airline and flight number on which arrived	Date of arrival	Date of Departure	Name of the hotel where stayed	Whether under the Agency Agreement or under special terms and conditions	Amount contracted	Amount and date of realisation.	Name and address of the Bank in Pakistan through which amount realised	For use in S.B.P.
											Initials of AFEO in token of verification

Stamp & Signature

In case business conducted under special terms and conditions, the authenticated copies of the related correspondence through which the rates of tours have been finalized should be enclosed.