



Vanuatu National Tourism Accreditation Program

REGISTRATION FORM - PRODUCT ASESMENT

Section 1: Business Details

Business Name:		Customer Ref No:	
Contact Name:		Title: Mr / Mrs / MS / Miss	
Address:			
Province		Village	
Contact No:	Phone:	Fax:	Email:
Mailing / Postal Address:			
Backup Contact person for assisting with Assessing the Product:			

Section 2: Product

Please select from the Sectors listed below which best represents your Business Activity (Tick One)

Accommodation	Tours	Attractions/Activities/Events
<input type="checkbox"/> A. Bungalow	<input type="checkbox"/> A. Buses & Taxi's	<input type="checkbox"/> A. Local Arts & Crafts Centre
<input type="checkbox"/> B. Guest House	<input type="checkbox"/> B. Sight Seeing Tours	<input type="checkbox"/> B. Mele Cascades (Site)
<input type="checkbox"/> C. BackPackers	<input type="checkbox"/> C. Transfers	<input type="checkbox"/> C. Cultural Village (Site)
<input type="checkbox"/> D. Camping	<input type="checkbox"/> D. Cultural Village Tours	<input type="checkbox"/> D. Camping
<input type="checkbox"/> E. Top End	<input type="checkbox"/> E. Bush Walks & Hiking	<input type="checkbox"/> E. Other (Please Specify)
<input type="checkbox"/> F. Up - Market	<input type="checkbox"/> F. Scuba Diving	
<input type="checkbox"/> G. Mid - Range	<input type="checkbox"/> G. Game Fishing	
<input type="checkbox"/> H. Budget	<input type="checkbox"/> H. Kayaking	
<input type="checkbox"/> I. Other (Please Specify)	<input type="checkbox"/> I. Scenic Flights (Plane & Helicopter)	
	<input type="checkbox"/> J. Cascade (Tours)	
	<input type="checkbox"/> K. Water Sports	

Note: For Accommodations, Please refer to the Product Classification listing of all Accommodation types to confirm where your product should come under

Section 3: Checklist

Please ensure you have ticked all boxes before returning the form to the Department

<input type="checkbox"/>	Register. That you have Registered with the Accreditation Division - Department of Tourism.
<input type="checkbox"/>	Self - Assessment. That you have gone through and have assessed your product using the assessment form given by the Department and believe your product is ready for an official assesment to be carried out by the Accreditation Assessing Officer.
<input type="checkbox"/>	Attach Copies of Promotional Materials. Any Product Promotional sources/materials to be provided to the Accreditation Officer.
<input type="checkbox"/>	Product Description. To provide a brief description of your product(s)
<input type="checkbox"/>	Association Membership Certificate. Provide copies of your business certificate confirming your membership with a recognized Association

Section 4: Assessment Fee

After carrying out your own self - assessment of your Product(s) and are confident that you are ready to have your product be assessed by a DoT Officer, Please indicate appropriate fee based on the **Fee Schedule** (including document fee of VT 500).

Section 5: Acknowledgement

I certify that the information provided above are true and complete to the best of my Knowledge and that any misrepresentation or omission is sufficient for disapproval of my application.

Name of Client: _____ Signature: _____ Date: _____

Section 6: Form Submission

After completing your application form, Please submit it to the Accreditation officer within the National Tourism Department of Vanuatu.

Mr. Jerry Spooner
Principal Accreditation Officer
Department of Tourism
PMB 9099
Port Vila
Vanuatu