

# APPLICATION FORM

**Company /organization/institution/ individual applicant details**

Full name of applicant: .....

Address: .....

City: ..... Pin: ..... Country: .....

Registration no. / License no.: .....

Telephone: (+Country code) +.....

E-mail: .....

Web-site: <http://www.....>

Short profile: .....

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Activities:.....

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Member category applied:

- ☐ Allied Partnership
- ☐ Full Member
- ☐ Associate Member
- ☐ Individual membership
- ☐ New membership

Company activity (tick please):

- ☐ Regulatory bodies
- ☐ Transporter (Road and Truck, Air, Rail, Maritime, Pipeline)
- ☐ Logistics
- ☐ Supply chain management
- ☐ Storage or/and Warehousing
- ☐ Inventory Services
- ☐ Freight Forwarder
- ☐ Shipper
- ☐ Carrier
- ☐ Insurance Providers
- ☐ Software Companies
- ☐ Advertising and Public Relations
- ☐ Legal Services
- ☐ Clearance services
- ☐ Media
- ☐ Financial Services
- ☐ Education Services
- ☐ Trade Show
- ☐ Courier Services
- ☐ Logistics and Supply Chain Portals
- ☐ Others (please, specify)
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**Personal Details:**

Contact name: .....

Designation: .....

Mobile: .....

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Signature & Stump