

www.globalaffinityalliance.com

MEMBERSHIP APPLICATION

Invoices for new membership fees will be generated once the application has been approved. The date of membership enrollment is the date of the announcement via our membership broadcasts not the date of payment. Membership dues for renewals will be based on the anniversary date of the enrollment date. Dues are non-refundable.

Incomplete applications will delay approval process. We will contact you upon receipt of the application. Please list three freight forwarders you have worked with as your references; generally they should be based outside your country.

COMPANY DETAILS

Company Name:	*
Business Type: CORP, LTD , LLP , Pvt Ltd. , Partnership , Single owner	*
Business Type Documentation:	
Main Office Address :	*
City:	*
State :	
Country:	*
Zip Code:	*
IEC Code or Courier address: (India only)	
Key Contact:	*
Position:	*
Telephone :	*
Fax:	
After Hours :	*
e-mail:	*
Website:	*
Additional Locations/ Branch Offices :	
Year business was started	*
Number of Employees :	*

LICENSES/CERTIFICATIONS

Copies of Corporate Certificates, Business Licenses and Government Identification of Company Principles are required to be sent to

GLOBAL AFFINITY ALLIANCE
29 Bangkok Business Center,
24st Sukhumuit Sei Flomei (62) Wettens Bengkok

21st, Sukhumvit Soi Ekamai (63), Wattana, Bangkok 10110 Thailand

Custom Broker		
NVOCC		Bond Number (if U.S.)
OTI (U.S. ONLY)		OTI License Number
ISO Certifies		ISO Certificate
FIATA		FIATA Certificate
FIATA		FIATA Certificate
IATA/CNS		Certification#
If India		MTO#
member of MTO		Copy MTO Certification
Other Membership Certification	ı's	
COMPANY OWNERSHIP Please list the individuals, entitie	s, or other ov	wnership structure of your company.
Name :	*	
Percent Owned :	*	
Name :	*	
Percent Owned :	*	
Name :		
Percent Owned :		
Capitalization :	*	
(Specify Currency)	*	
If Dublic . Other Edit Tool		
If Public : Stock Exchange :		
Shares Outstanding : Price :		
Currency:		
AFFILIATIONS		
Please list any other private tra	ade arouns to	which you belong:
1 loade list arry other private tra		which you bolong .

Bank Name :	*
Address:	
City:	
State :	
Country:	
Contact :	
Zip Code:	
Telephone :	
Fax:	
Account Number :	
Routing:	
Account Currency	
	*
Contact Person :	*
Contact E-mail :	*
Phone :	*
Fax:	
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