



CONFIDENTIAL APPLICATION FOR PARTNERSHIP

If you are interested to join the Cargo Partners Network, download and complete this application form and send it by email to admin@cargopartnersnetwork.com

Kindly attach with your application:

- [1] Your Company Brochures.
- [2] Copy of Company Registration stamped by the Registrar
- [3] Most recent financial statements certified by a Chartered Accountant.
- [4] A letter of reference from your bank relevant to your corporate accounts.
- [5] Copy of Errors, Omissions, and Liability Insurance.
- [6] Your company billing address

The above documents will help us better understand your Company, and expedite the process of your application. Please therefore include them with your application to avoid delay in processing.

No application will be considered if these documents are not received. Incomplete application forms will be rejected.

Once the application is processed, if your membership is approved, your company will be notified in writing and an invoice sent for the Annual Membership and Trust Fund Contribution fees. The membership won't be effective until those payments are received.

Annual Membership fee is \$ 1,400.00 USD

Members are required to contribute to the Trust Fund with an unique contribution of \$ 3,000 USD, payable as \$ 1,000.00 the first year and annuities of \$ 500.00 until completing the sum of \$ 3,000.00

Membership fees are due immediately on receipt.

On receipt of payment of membership fees, the membership directory will be updated with your company information and your company will be granted access as user to CPN website/directory.

**Please ensure that CPN application is signed by an
authorized signing officer of your Company**



CORPORATE HEAD OFFICE INFORMATION

Company Name:			
Head office Address:			
Phone #	Fax #	Email:	
Key Contact:		Position	
Person (s) responsible for sales.			
No of Employees:		Approximate size of warehouse	
Person in charge of payments		Frequency of your payment schedule	

COMPANY OWNERSHIP

Please list the individuals, entities, or other ownership structure of your company.

Is your Company Incorporated, Private or LLC?			
Is your Company a subsidiary of a multi-national?			
Owner		% owned	
Owner		% owned	
Date of Incorporation			

BRANCH OFFICES

Address			
Warehouse size		Is warehouse bonded?	
Phone #		Fax #	
Email		Key contact	
No of employees			
Number of other Branch Offices			



SERVICES

Please indicate % of revenue. Please list any additional services not itemized.

SERVICES	% OF REVENUE	SERVICES	% OF REVENUE
Airfreight export		Airfreight import	
Seafreight export		Seafreight import	
Charters air		Charters sea	
Customs brokerage		NVOCC	
Storage		Domestic transport	
Specialty market (Please explain):			

Please identify which of the following Organizations you belong to and licenses you hold.

	YES	NO		YES	NO
IATA			CUSTOMS BROKER		
FIATA			NVOCC		
ISO 9000					

BANKING INFORMATION [Kindly attach Bank letter of reference]

Bank name			
Address			
Phone #		Fax #	
Email		Manager	

List 3 Agents in Europe and USA that you presently do business with.

Company Name (1)			
Address			
Tel:	Fax:	Email:	Ctc:



Company Name (2)			
Address			
Tel:	Fax:	Email:	Ctc:
Company Name (3)			
Address			
Tel:	Fax:	Email:	Ctc:

OTHER

Does your company work exclusively with any Forwarders?
Is your company a member of any similar industry organization?
Is your company a member of your local freight association?
All members of CPN must have Errors and Omissions and Liability Insurance. Please send a copy with your application.
All members are obligated to display the CPN logo on your company letterhead, airwaybill, house airwaybill, business card, and Corporate Literature. Do you agree to adhere to this?

I hereby certify that the above information is true and accurate

Name Signature Date

N.B: Please include: Completed Application Form
Articles of Registration Stamped by the Registrar

Latest Financial Statement

Your Company Brochure

Revised Nov. 2015