

Secured Trial Member Application Form

<b>Company Info</b>					
Company Name:		Date Founded/Inc.:		# of employees:	
Company Address: (in full)			Telephone:		
			Fax:		
			Email:		
			Do you have a website:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
			If yes please indicate URL:		

<b>Certifications and Memberships</b>					
List certifications and/or memberships held by your company (check all that apply):	IATA	Yes <input type="checkbox"/> No. <input type="checkbox"/>	Other? Please Specify:		
	FMC	Yes <input type="checkbox"/> No. <input type="checkbox"/>			
	NVOCC	Yes <input type="checkbox"/> No. <input type="checkbox"/>			
	Hazardous cargo?	Yes <input type="checkbox"/> No. <input type="checkbox"/>			
	AEO approved (EU)	Yes <input type="checkbox"/> No. <input type="checkbox"/>			
	ISO 9002 Accreditation	Yes <input type="checkbox"/> No. <input type="checkbox"/>			
	If "yes", please provide data of accreditation and name of Accreditation Authority Name:	Date of certification			

<b>Administrative Contact</b>					
Managing Director/President Information:	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Telephone		
	First Name		If applicable extension		
	Last Name		Email		

Sales Force, Team and Area covered :

<b>Company Ownership</b>					
Ownership 1	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>			
	First Name		Last Name		
	Ownership Stake				
Ownership 2	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>			
	First Name		Last Name		
	Ownership Stake				
Ownership 3	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>			
	First Name		Last Name		
	Ownership Stake				
Ownership 4	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>			
	First Name		Last Name		
	Ownership Stake				
Ownership 5	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>			
	First Name		Last Name		
	Ownership Stake				

Company Subsidiary				
Is the applicant a subsidiary of another company? If so, please provide details.	Subsidiary Name:			
	Subsidiary Address: (in full)		Telephone:	
			Fax:	
			Email:	
Foreign Office				
Does the applicant company have it's own offices, or subsidiary companies, established in countries external to it's country of incorporation? If so, please provide details.				
	Foreign Name			
	Foreign Address: (in full)		Telephone:	
			Fax:	
			Email:	
Prior Contact with FANA				
Have you had prior contact or a working relationship with a FANA member?			Yes <input type="checkbox"/> No. <input type="checkbox"/>	
If yes please indicate name of member				
Agreements				
Carrier agreements	AIRFREIGHT :		SEAFREIGHT :	
In what countries does the applicant company have freight forwarding agency agreements established with other freight forwarders?				
List the countries with which the applicant company has existing business, either import or export, but not being handled through agent with whom they have an exclusive agency agreement				
		<b>Please list business which the applicant is prepared to share with existing FANA members :</b>		
Countries Priority				
List the applicant's first five (5) priority countries for future growth and development.	1.			
	2.			
	3.			
	4.			
	5.			

Trade					
Does the applicant trade with a bank overdraft, or through a positive balance cash bank account?		Bank Overdraft <input type="checkbox"/>			
		Positive Balance Cash Bank Account <input type="checkbox"/>			
Provide full details of three (3) trade references (ie Name, address, telephone and contact information).	Trade Reference 1 - Name				
	Trade Reference Address: (in full)		Contact Name		
			Contact Title		
			Telephone		
			Fax		
			Email		
	Trade Reference 2 - Name				
	Trade Reference Address: (in full)		Contact Name		
			Contact Title		
			Telephone		
			Fax		
			Email		
	Trade Reference 3 - Name				
	Trade Reference Address: (in full)		Contact Name		
			Contact Title		
Telephone					
Fax					
Email					
Banking Information					
	Bank Name:				
	Bank Address: (in full)	Telephone:			
		Fax:			
		Contact Name:			
Financial Report over the last three years if available :					
Shipment Information					
	Are you a Customs Broker?		Yes <input type="checkbox"/> No. <input type="checkbox"/>		
	Bonded Warehouse / Customs Entreport ?		Yes <input type="checkbox"/> No. <input type="checkbox"/>		
	Do you have your own trucking facilities?		Yes <input type="checkbox"/> No. <input type="checkbox"/>		
	Do you have warehouse?		Yes <input type="checkbox"/> No. <input type="checkbox"/>		
	If yes, size of warehouse?			Square Meter	
How many monthly shipments does your company handle?	Airfreight Import:	Transports	Other Freight Import	Transports	
	Airfreight Export:	Transports	Other Freight Export	Transports	
	Ocean Freight Import:	Transports	Custom Clearance:	Yes <input type="checkbox"/> No. <input type="checkbox"/>	
	Ocean Freight Export:	Transports			

Fill the application and send to FANA Liaison Office via Fax or Email.

Fax No.: 852-28340655 / 852-28340063 E-mail: [liaisonoffice@fana-hk.net](mailto:liaisonoffice@fana-hk.net)