

Secured Trial Member Application Form

Company Info					
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:			
Certifications and Memberships					
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"/>			
	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			
Administrative Contact					
Managing Director/President Information:	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>		Telephone	
	First Name			If applicable extension	
	Last Name			Email	
Company Ownership					
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

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		
	Referring to the previous questions; would the applicant be prepared to introduce such business to the appropriate FANA Member when the applicant becomes a Member of FANA?	

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:	
Shipment Information					
	Are you a Customs Broker?			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
	Is your warehouse bonded?			Yes <input type="checkbox"/> No. <input type="checkbox"/>	
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