

| COMPANY INFORMATION |

| Company name: | | | |
|---|-----------------|------------------------|----------------------|
| Address: | | | |
| City: | | Country: | |
| Telephone No.: + | | Webpage: | |
| VAT No. / Fiscal No.: | | | |
| Date of foundation: | * Ej: 1899 | Total No of employe | ees: |
| Do you have any branches? Locations: | | | |
| | | | |
| CONTACT PERSON | | | |
| Mr. N | /rs. Ms. | | |
| First name: | | Surname: | |
| Job title: | | | |
| Mobile no: + | | Direct telephone no: + | |
| E-mail: | | Skype: | |
| | | | |
| SERVICES | | | |
| Please indicate the services your compa | ny provides: | | |
| Airfreight | 📥 Seafreight | Roadfreight | ua Customs Clearance |
| Warehousing & Distribution | ± Project Cargo | Personal Effects | bangerous Goods |
| Nerishable Shipments | ive Animals | ? Others: | |
| | | | |

| CERTIFICATES |

Please indicate whether your company is certified by and/or a member of any of the following organizations:

| IATA / CNS | Customs Broker | NVOCC | ISO 9001/9002 | FMC (U.S. Only) |
|---------------------------|------------------------|-----------|---------------|-----------------|
| Forwarders Association | Chamber of Commerce | ? Others: | | |



| TRADE REFERENCES |

The reputation of our members within the industry is extremely important to us. Therefore, we require every applicant to provide the names of 3 freight forwarders they have worked with within the last 12 months.

| | Company | City | Contact | Job Title | Email | Phone |
|--------|---------|------|---------|-----------|-------|-------|
| Ref. 1 | | | | | | |
| Ref. 2 | | | | | | |
| Ref. 3 | | | | | | |
| | | | | | | |



Remember: Before sending us the Membership Application, please ensure that you have completed the Trade References section. No application will be considered without this part being completed in full.

| PAYMENT PROTECTION PLAN |

The Payment Protection Plan protects members against uncollected debts (see <u>Payment Protection Plan</u>). Participation is optional and costs 350 Eur. Would you like to participate?

Yes No

ANNUAL MEETINGS

Attendance at the Coop's annual meetings is obligatory for members. Will you be attending The Coop's next Annual Meeting?

Yes No

| OTHER QUESTIONS |

How did you hear about us?

Does your company belong to other networks?: Yo

Yes No

Specify:

I have read, understood, and agree to the Rules and Procedures and Payment Protection Plan stated on the website.

Personal information freely supplied with your application for membership in The Cooperative Logistics Network will be recorded on a file belonging to FREIGHT FORWARDERS NETWORK SOLUTIONS SLU. to be used for reference and statistical purposes, and for the sending of information, notifications, promotions and advertising. This personal information may be disclosed to third parties solely under the provisions of Data Protection regulations. You may exercise your rights to the access, correction, cancellation and opposition of this information to FREIGHT FORWARDERS NETWORK SOLUTIONS SLU. at the following address: Calle Lagar de Ciego nº 1 (Local) 47008 - Valladolid (SPAIN).