

Application for Trading Membership



Company details

Mem no. (BIFA only)

1. Company Name

2. Trading name

3. Country of registration	Registered Number	Date of incorporation	Date commenced trading
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4. Registered address

Please tick this box to NOT receive information by e-mail

.....
.....
.....
Post code

Tel no
Fax no
E-mail
Website

5. Address of principal place of business
(if different from no 4)

Please tick this box to NOT receive information by e-mail

.....
.....
.....
Post code

Tel no
Fax no
E-mail
Website

6. Proprietor(s), Partners/Directors

a) Please list with full names, with any professional qualifications or degrees

b) Please attach a list of other directorships/partnerships held by any of the above named, or past directorships in an international freight services company.

c) Have any of these companies/partnerships become insolvent? Yes No

If so, please list here -

Name	City	Year
.....
.....
.....

7. Principal shareholders

Names and addresses

% held

8. Staff

a) how many do you employ? in total excluding warehouse-men, drivers and packers
 – your subscription is based on this figure

b) Membership of BIFA requires the company to make a commitment to staff training and development.

c) Do any of your staff have qualifications related to the freight industry yes no

(if yes please attach copies of their certificates)

Sign.....Date.....

9. Branches and Subsidiaries

Name / Address.....
 Post code
 Email Tel Fax
 Nominated branch representative

Name / Address.....
 Post code
 Email Tel Fax
 Nominated branch representative

(Please list additional addresses on a separate page)

10. Application Fee *Please attach to your application a Cheque for the correct application fee or contact j.robinson@bifa.org for our Bank Details* or ring 020-8844-3635 to make a Card payment.*

10a Subscriptions

On acceptance of membership a pro rata subscription is charged for the remaining months of the year. Thereafter subscriptions are payable on 1 January each year by Cheque, Direct Debit or Bank Transfer*

***Bank Transfers: The payer agrees to pay all related bank charges.**

Membership details

- 11. Nominated Representative.....email.....
- 11a. Managing Director or CEO.....email.....
- 11b. Training Manager.....email.....
- 11c. HR Manager.....email.....
- 11d. Accounts email.....
- 11e. Accounts telephone number.....

12. References - *(Please give the names, addresses, e-mail and contact names of two business references - companies with whom you have a payment record, ie not solicitors, accountants or airlines)*

Contact name	.....	Contact name	.....
Company	.....	Company	.....
Address	.....	Address	.....

Post code	.....	Post code	.....
e-mail	.....	e-mail	.....

13. Primary and secondary Policy Groups (Divisions)

Policy Group	Primary	Secondary
1 - Air	<input type="checkbox"/>	<input type="checkbox"/>
2 – Surface (road sea rail)	<input type="checkbox"/>	<input type="checkbox"/>
3 - Customs	<input type="checkbox"/>	<input type="checkbox"/>

You should select **one** primary and as many secondary Policy Groups as you wish. Your choice should reflect your company's major interests.

14. Attributes your company holds; (please tick the appropriate boxes)

AEO Status	<input type="checkbox"/>	Aviation Security Regulated Agent	<input type="checkbox"/>
IATA Agent	<input type="checkbox"/>	Quality Assured (ISO)	<input type="checkbox"/>

15. Declaration

I / we declare that -

- a) We shall incorporate the BIFA 2017 Standard Trading Conditions into international freight contracts.
(Companies cannot use the BIFA logo or Standard Trading Conditions until they have been accepted as members)
- b) We hold adequate liability insurance cover to meet our liabilities under the BIFA 2017 STCs and that we shall produce evidence annually from our broker/underwriter that the cover remains valid (details of our existing cover are given on Form A).
- c) (i) We provide goods in transit insurance for our customers if required and we have in place a current "open cover policy" in support of this service. A copy of the Broker's declaration, or a Form "B" is enclosed.
(ii) The company does not offer or provide goods in transit insurance for our customers.
Please delete as appropriate
- d) We undertake to complete and return the annual Declaration.
- e) The company offers to the general public services in the international freight sector which it will actively promote.

Signed

.....

Date

.....



Form A

Company Name

BIFA Membership no

**BRITISH INTERNATIONAL
FREIGHT ASSOCIATION**

We confirm that the above-named company has arranged an insurance policy indemnifying it for liability in respect of -

- A. loss of or damage to goods
- B. errors and omissions

in accordance with the terms, exceptions and conditions expressed in the policy document. The information given below is only effective on the date of signing this document and does not guarantee that policy coverage will continue until the expiry date shown.

Name and address of Insurer

Name and address of Insurance Broker

Policy Number Period of Insurance

A. Policy excess for	(a) Loss of or damage to goods	£	.....
	(b) Errors & Omissions	£	.....
B. Policy limits of liability for	(a) Loss of or damage to goods	£	.....
	(b) Errors & Omissions	(i) each claim	£
		(ii) in the aggregate	£

Note: we require a minimum of £150,000 for B(a); £75,000 for B(b)(i); £100,000 for B(b)(ii).

Does the policy include cover for *(please tick)*

- i) BIFA STCs *(as Principal or Agent)* ?
- ii) CMR *(if you are involved in International road freight)* ?
- iii) Other applicable International Conventions?
- iv) Common Law?
- v) FIATA FBLs *(if you issue such a document)* ?

NOTE: if cover is not provided for ii) and iii) above, you should be aware that you will not be covered if you become involved in a claim under CMR or any other International Convention.

Signed

Date

For and on behalf of

.....
Broker/Insurer

.....
Signed Date