**APPLICATION FOR CONTINUED MEMBERSHIP**

(Applicable to existing members with expected change of Ownership Structure and Control)

1. Present Company name of member.
2. New Company name. (in case the name is changed)
3. Date of change of name/ownership.
4. Full details of address, telephone, fax and email address for principal office/headquarters and each registered branch office. (in case of any change)
5. Sole proprietorship or corporation. If corporation, state the name/s of all shareholders and percentage held.
6. Name**s** of Directors.
7. What is the authorized/registered and paid-up capital in U.S. DOLLARS?
8. Name of Banker with full address and account number if any change.
9. Name of key executives/managers with title and years of service in the Company if any change.
10. Submit two (2) names with managerial position who are authorized by your Company to act as the Accredited Representatives for coordination relating to the affairs of FFSI and business with Members.
11. Total number of staff. State how many sales personnel.

In case the Company Name/Managing Director/CEO are changed, following documents and information must be submitted:-

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1. Certificate of change of name.
2. Forwarders Liability Insurance Policy.
3. "FFSI Code of Ethics". (attached for your execution)
4. "Confirmation of Acceptance of FFSI Accounts Settlement Policy". (attached for your execution)
5. Name of new Managing Director/CEO. If less than 1 year with the Company, state length of service with the Company and/or in the industry.

I hereby certify that the above information is true and correct to the best of my knowledge and belief and I that am authorized by the Company to file this application and documents.

Submitted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Managing Director/CEO)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_