



Asia-Pacific Logistics Federation

APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

COMPANY APPLICATION

(1) COMPANY'S PARTICULARS

Company Name:

Registration No.:

Company Address:

Postal Code:

Company Tel No.:

Company Email Address:

Nature of Business:

Date of Commencement
of the Company:

(2) DETAILS OF THE OFFICER-IN-CHARGE IN THE COMPANY

Name:

Designation:

Tel No.:

Email Address:

(3) UNDERTAKING BY ORGANISATION

On behalf of the Company, I, _____, confirm that the above information is true and correct to the best of my knowledge at the time of this application.

Authorised Signature

Company's Stamp

Date

FOR OFFICE USE ONLY TO BE FILLED BY INDIVIDUAL COUNTRY ASSOCIATION

Amount PAID: _____ Application received on: _____

APPROVED BY: (Name) _____ Designation: _____

Duration of associate membership: **3 years** Date of Expiry of Membership: _____

Membership No: _____

Authorised Signature

Date

Terms & Conditions

- 1) The approval for the membership is subjected to approval by the country's association which is a member of APLF.
- 2) All fees to be paid to the APLF individual country's association. APLF will not accept by any fees paid by the company.
- 3) The duration of the membership is three years upon approval.
- 4) If the membership of the country association expires, the APLF membership will automatically expire.

Please submit application to: info@aplf.net