Integrated Logistics Network (ILN) Membership Application Form

Please fill up the **Integrated Logistics Network (ILN) Membership Application Form** with as much accuracy as possible while sharing all the information below.

# Company Information

|  |  |
| --- | --- |
| **Company Name** |  |
| **Trade License / Business Registration** |  |
| **Registration Date** |  |
| **Registration Validity Date** |  |
| **Registration Body** |  |
| **Chamber of Commerce** |  |

# Certification Information

|  |  |
| --- | --- |
| **Local Association** |  |
| **Dangerous Goods/Civil Aviation/Maritime** |  |
| **AEO** |  |
| **ISO** |  |
| **HACCP, TACCP & VACCP** |  |
| **Other, please specify** |  |

# Insurance Information

|  |  |
| --- | --- |
| **Comprehensive Liability Insurance** |  |
| **Cargo Insurance** |  |
| **Marine Insurance** |  |
| **Property Insurance** |  |
| **Limited Liability (Please Define)** |  |
| **Other, please specify** |  |

# Declaration

We declare that the information provided above is to the best of our knowledge.

**We have provided the detailed Company Profile with the list of Business Verticals we specialize in at the time of Application on the Integrated Logistics Network Portal.**

**We have not listed the outsourced services as our Business Verticals on the Integrated Logistics Network Portal.**

|  |  |
| --- | --- |
| **Signed By (Name & Desgination)** |  |
| **Member name as appears in the Business Registration Certificate** |  |
| **Signed On** |  |

