

APPLICATION FORM

Thank you for your interest in joining Cold Chain Connect, the Global Cold Chain Alliance! It is our endeavour to build a community of qualified cold chain forwarders and to connect businesses that share the same goals.

to build a community of qualified cold chain forwarders and to connect businesses that share the same goals. In order to maintain a high-quality network, all applying forwarders are requested to undergo a screening process. This Application Form aims to gather the most pertinent information about your company and service specialization. It normally takes one (1) week before we provide the status of an application.

STEP 1 - BASIC INFORMATION AND QUALIFICATIONS

In what year was the company incorporated?	
How many years of experience do you have in	handling temperature controlled products?
Do you operate a temperature controlled ward of yes, please provide details.	ehouse/cold storage facility in your region?
Are you a currently a member of any other ne If yes, please provide the name/s.	
Are you open to developing new businesses w	rith new partners?
Is your company a member of the local freight If yes, please provide supporting documents.	
Do you have all the government licenses and bas a cold chain forwarder?	
Is your company covered by a Liability Insuran If yes, please provide a copy.	
COMPANY INFORMATION	PRIMARY CONTACT INFORMATION
Company Name:	Name:
Complete Address:	Position:
	Skype ID:
Tax Registration Number (TRN):	Email Address:
Website:	Mobile No.:
Telephone No.:	SECONDARY CONTACT INFORMATION
Fax No.:	Name:
Year of Establishment:	Position:
Number of employees:	Skype ID:
Number of branches:	Email Address:
Location of branches:	Mobile No.:



AGENCY 1

APPLICATION FORM

STEP 2 – COLD CHAIN AGENCY REFERRALS

Cold Chain Connect aims to attract forwarders who hold an outstanding track record with their partners.

Thus, part of the screening process is to provide two (2) existing agent contacts, preferably with whom your company has a long-term business relationship with.

Company Name:	
Country:	
Name:	
Email Address:	
AGENCY 2	
Company Name:	
Country:	
Name:	
Email Address:	
STEP 3 – BUSINESS AND CAPABILI FREIGHT VOLUME PER MONTH	ITIES PROFILE
IMPORT	EXPORT
A. Air Tonnage:tons	A. Air Tonnage: tons
B. Sea Freight Teus:teus	B. Sea Freight Teus: teus
FINANCIAL DATA	ı
Last Year's Net Income (in USD):	
Last Fiscal Year Turnover (in USD):	
Capitalization:	