

THE SHIPPING AND FORWARDING AGENTS' ASSOCIATION OF ZIMBABWE



Office No. 6, Block Number 2,
Longcheng Plaza, Samora Machel & Mutley Bend,
Belvedere, Harare
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+263 772 306 837

"Setting the Standards in Freight"

APPLICATION FOR MEMBERSHIP

NAME OF COMPANY (IN FULL): _____

TRADING NAME: _____

DATE ESTABLISHED: _____

FULL NAME OF CHIEF EXECUTIVE/HEAD OF THE ORGANISATION:

NAMES OF OTHER DIRECTORS (IN FULL):

1. _____

2. _____

3. _____

4. _____

5. _____

(Attach separate list if necessary)

PRINCIPAL
BUSINESS ACTIVITY: _____

SPECIALISED SECTOR
BASE: _____

(e.g. Shipping, Freight forwarding, Customs clearing, Bonded warehousing, In-house clearing)

IS YOUR ORGANISATION AFFILIATED TO ANY LARGE CORPORATION OR GROUP OF COMPANIES? IF SO, PLEASE GIVE DETAILS:

HEAD OFFICE

Physical Address: _____

Postal Address: _____

Telephone Numbers: _____

Email Address: _____

BRANCH OFFICES

Physical Address: _____

Telephone Numbers: _____

Email Address: _____

(NB: Attach list of other branches if any)

BANKING DETAILS:

Name of Bank: _____ **Branch:** _____

Account Type: _____ **Account No.** _____

Has the applicant company or any of the directors been convicted of a criminal or civil offence or had a judgement issued against it/him/her? If yes, please give details _____

WE hereby apply to be admitted to membership of The Shipping and Forwarding Agents' Association of Zimbabwe (SFAAZ) upon the terms of and subject in all respects to the Constitution and Rules of the Association, which are now or hereafter, may be, for the time being in force. **Having read** the Constitution and Rules, we hereby commit ourselves as follows:

1. WE agree that, as members of the SFAAZ, our organization will subscribe and adhere to the Code of Ethical Conduct established by the Association and acknowledge that we are entitled to use the SFAAZ logo on company stationery.
2. WE confirm that the core business operation of our organization is of shipping, clearing and/or forwarding nature.
3. WE confirm that our organization is operating in Zimbabwe and is therefore entitled to apply for the SFAAZ membership.
4. WE agree that we will attend an informal interview with the Management Board of the SFAAZ to provide further information on the operation of our organization and agree to abide by the decision of the SFAAZ relating to this application, should such interview be requested. We further have no objection to the association's representative(s) visiting our business premises, at our own expense, for inspections that are consistent with this application and conditions of membership as determined by the SFAAZ.
5. WE confirm that the proposer supporting this application is a **Director** of a current SFAAZ member whose company has been a member of the association for a period not less than two years (24 months).
6. WE hereby attach **certified copies** of our company's Certificate of Incorporation and form CR14 in support of this application.
7. WE agree to pay a **non-refundable application fee** as determined by The SFAAZ from time to time. (**NOTE:** Any amounts owing to the association from previous membership of the association by the applicant or by an organization in which a shareholder or director of the applicant had a principal interest must be paid up before this application is submitted for consideration).
8. WE further agree to pay **periodic subscription fees** as prescribed by the association and **to commence paying the subscriptions as soon as this application has been approved** by the Management Board.
9. WE commit to pay all our subscription fees **IN ADVANCE** of the subscription period as determined by the association.
10. WE fully understand that we remain liable to pay all outstanding subscriptions and any other amounts that may remain unpaid in the event that membership of the association is terminated for whatever reason, and we hereby commit ourselves to pay all such outstanding arrears on demand, together with any costs which the association may incur in their efforts to recover the amounts from us.

11. WE are aware that approval of this application by the association is only one of the conditions for licensing of Customs Clearing Agents by Zimra and that we will separately meet other requirements that have been set by Zimra for licensing

NOTE: The Management Board only gives conditional approval of membership which is subject to ratification by members at general meeting. It is a condition of ratification that you **MUST** be represented at the next general meeting of members. Failure to attend the general meeting without the consent the Board may result in your membership being withdrawn by the general meeting.

DECLARATION

WE declare that we are not interested directly or indirectly in any other partnership or company conducting a Shipping, Forwarding or Customs Clearing Agency in Zimbabwe which is not a member of the Association and that our service and facilities **are / are not** available to the general public.

SIGNATURE: _____ **DATE** _____
(Chief Executive Officer)

UNDERTAKING

I confirm, to the best of my knowledge, that all the information given in this application form is true and accurate and that there is no information that has been willfully withheld, which information could affect the decision that the SFAAZ could make in determining the acceptability of the application. The applicant organisation undertakes, through me, having due mandate to sign on its behalf, to voluntarily supply The Shipping and Forwarding Agents' Association of Zimbabwe secretariat (in writing) with any additional information that is not contained in this application form should that information be necessary to be supplied to the association and to advise the association of any changes that may subsequently occur which changes would affect the validity of any information that is contained in this application form. Failure by the applicant to supply such information will not hold the association accountable in any manner for relying on the supplied information.

SIGNATURE: _____ **DATE** _____
(Chief Executive Officer)

PROPOSER	Name:	Signature:
	Company:	Designation:
<p>*COMPANY MUST BE SFAAZ MEMBER FOR AT LEAST 2 YEARS</p> <p>*SIGNATORY MUST BE A DIRECTOR OR EQUIVALENT OF THE SFAAZ MEMBER</p>		

NAME(S) OF REPRESENTATIVE(S) TO ATTEND MEETINGS:

1. _____ Designation _____
2. _____ Designation _____

COMMENT/RECOMMENDATION BY SFAAZ BRANCH COMMITTEE

(Compulsory for outside Harare Applicants. This application must be submitted through the branch committee without exception)

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Signed.....Name.....Date.....
(Chairperson)

Signed.....Name.....Date.....
(Secretary)

ATTACHMENTS

1. Certified copy of Certificate of Incorporation
2. Partnership Agreement (if applicable)
3. Certified Copy of CR 14
4. Application fee

<i>FOR OFFICE USE ONLY</i>	
RECEIPT DETAILS	
Application Fee _____	Amount: \$ _____
	(Receipt No. & Date)
SIGNATURE OF CHAIRMAN/ VICE CHAIRMAN (SFAAZ)	_____
DATE SUBMITTED TO BOARD	_____
DATE OF APPROVAL	_____
MEMBERSHIP NUMBER	_____
DATE LETTER OF ADMISSION SENT	_____
REASON(S) FOR REJECTION:	_____
