



**BRITISH INTERNATIONAL
FREIGHT ASSOCIATION**

Membership Application Form

Mem no. (BIFA only)

1. Company Name

2. Trading name

| | | | |
|----------------------------|-------------------|-----------------------|------------------------|
| 3. Country of registration | Registered Number | Date of incorporation | Date commenced trading |
|----------------------------|-------------------|-----------------------|------------------------|

4. Registered address

Please tick this box to NOT receive information by e-mail

.....
.....
.....
Post code

Tel no
Fax no
E-mail
Website

5. Address of principal place of business
(if different from no 4)

Please tick this box to NOT receive information by e-mail

.....
.....
.....
Post code

Tel no
Fax no
E-mail
Website

6. Proprietor(s), Partners/Directors

a) Please list with full names, with any professional qualifications or degrees

b) Please attach a list of other directorships/partnerships held by any of the above named, or past directorships in an international freight services company.

c) Have any of these companies/partnerships become insolvent? Yes No

If so, please list here -

| Name | City | Year |
|-------|-------|-------|
| | | |
| | | |
| | | |

7. Principal shareholders

Names and addresses

% held

8. Staff

a) how many do you employ? in total excluding warehouse-men, drivers and packers
– your subscription is based on this figure

b) Membership of BIFA requires the company to make a commitment to staff training and development.

c) Do any of your staff have qualifications related to the freight industry yes no

(if yes please attach copies of their certificates)

Sign.....Date.....

9. Branches and Subsidiaries

Name / Address
..... Post code
Email Tel Fax
Nominated branch representative

Name / Address
..... Post code
Email Tel Fax
Nominated branch representative

(Please list additional addresses on a separate page)

10a. Application Fee

Please contact **Sarah Milton** at **s.milton@bifa.org** for our Bank Details to pay by Bank Transfer* or a secure 'Worldpay' link to pay Credit/Debit Card or attach a Cheque for the correct Application Fee amount.

10b. Subscriptions

On acceptance of membership a pro rata Subscription is charged for the remaining months of the 1st year. Thereafter, Subscription is payable in full on 1st January each year. You can pay Subscription in full by Bank Transfer*, Credit/Debit Card or Cheque. Direct Debit** option available.

***Bank Transfers: The payer agrees to pay all related bank charges.**

**** Direct Debit option allows the Subscription to be split in to 2 payments, the 1st in January and the 2nd in July.**

Membership details

11a. Nominated Representative.....email.....
11b. Managing Director or CEO.....email.....
11c. Training Manager.....email.....
11d. HR Manager.....email.....
11e. Accounts email.....
11f. Accounts telephone number.....

12. Primary and secondary Interests

| BIFA Policy Group | Primary | Secondary |
|-----------------------------|--------------------------|--------------------------|
| 1 - Air | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 – Surface (road sea rail) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 - Customs | <input type="checkbox"/> | <input type="checkbox"/> |

*You should select **one** primary and as many secondary's as you wish.*

Your choice should reflect your company's major interests.

13. Attributes your company holds; *(please tick the appropriate boxes)*

- | | | | |
|------------|--------------------------|-----------------------------------|--------------------------|
| AEO Status | <input type="checkbox"/> | Aviation Security Regulated Agent | <input type="checkbox"/> |
| IATA Agent | <input type="checkbox"/> | Quality Assured (ISO) | <input type="checkbox"/> |

14. Declaration

I / we declare that -

- a) We shall incorporate the BIFA 2017 Standard Trading Conditions into international freight contracts.
(Companies do not have permission use the BIFA logo or Standard Trading Conditions until their Membership Application has been formally accepted)
- b) We hold adequate liability insurance cover to meet our liabilities under the BIFA 2017 STCs and that we shall produce evidence annually from our broker/underwriter that the cover remains valid (details of our existing cover are given on the Insurance Declaration - Form A).
- c) (i) We provide goods in transit insurance for our customers if required and we have in place a current "open cover policy" in support of this service.
(ii) The company does not offer or provide goods in transit insurance for our customers.

Please delete as appropriate

- d) We undertake to complete and return the annual Declaration.
- e) The company offers to the general public services in the international freight sector for which it will actively promote good practice.

Print Name Position

Signed Date

Insurance Declaration – Form A

Company Name BIFA Membership no

We confirm that the above-named company has arranged an insurance policy indemnifying it for liability in respect of -

- A. loss of or damage to goods
- B. errors and omissions

in accordance with the terms, exceptions and conditions expressed in the policy document. The information given below is only effective on the date of signing this document and does not guarantee that policy coverage will continue until the expiry date shown.

| | |
|-----------------------------|--------------------------------------|
| Name and address of Insurer | Name and address of Insurance Broker |
|-----------------------------|--------------------------------------|

| | |
|---|---|
| Policy Number | Period of Insurance |
| A. Policy excess for | (a) Loss of or damage to goods £ |
| | (b) Errors & Omissions £ |
| B. Policy limits of liability for | (a) Loss of or damage to goods £ |
| | (b) Errors & Omissions (i) each claim £ |
| | (ii) in the aggregate £ |
| Note: we require a minimum of £150,000 for B(a); £75,000 for B(b)(i); £100,000 for B(b)(ii). | |
| Does the policy include cover for <i>(please tick)</i> | |
| i) BIFA STCs <i>(as Principal or Agent)</i> ? | <input type="checkbox"/> |
| ii) CMR <i>(if you are involved in International road freight)</i> ? | <input type="checkbox"/> |
| iii) Other applicable International Conventions? | <input type="checkbox"/> |
| iv) Common Law? | <input type="checkbox"/> |
| v) FIATA FBLs <i>(if you issue such a document)</i> ? | <input type="checkbox"/> |
| NOTE: if cover is not provided for ii) and iii) above, you should be aware that you will not be covered if you become involved in a claim under CMR or any other International Convention. | |

| |
|-----------------------------|
| Signed |
| Date |
| <i>For and on behalf of</i> |
| Company |
| <i>Broker/Insurer</i> |

| | |
|---|------------|
| We..... | |
| <i>Trading Company</i> | |
| agree to advise BIFA within 30 days if the insurance policy specified above is cancelled or cover restricted within the coming 12-month period. | |
| Signed | Date |



BRITISH INTERNATIONAL
FREIGHT ASSOCIATION



Instruction to your Bank or Building Society to pay by Direct Debit

Reference Number (BIFA Mem No)

Service User Number

Please fill in the whole form using a ball point pen.
Send the completed and signed for to:
British International Freight Association (BIFA)
Redfern House, Browells Lane, Feltham, TW13 7EP

Name(s) of account holder(s)

Bank/Building Society account number

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Branch Sort Code

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Name and full postal address of your Bank or Building Society

| | |
|----------------------|-----------------------|
| To: The Manager | Bank/Building Society |
| Address: | |
| <input type="text"/> | |
| Postcode: | |

For BIFA Official Use Only

This is not part of the instruction to your Bank or Building Society

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY

Please pay BIFA Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee, I understand that this Instruction may remain with BIFA and, if so, details will be passed electronically to my Bank/Building Society.

| |
|----------------------|
| Signature(s) |
| <input type="text"/> |
| Date |

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This Guarantee should be detached and retained by the payer

THE DIRECT DEBIT GUARANTEE



- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit BIFA will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If you request BIFA to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by BIFA or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your Bank or Building Society.
- If you receive a refund you are not entitled to, you must pay it back when BIFA asks you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify BIFA.