



THE AIR CARGO AGENTS ASSOCIATION OF INDIA

APPLICATION FORM

(ASSOCIATE MEMBERSHIP)

COVENANT

I/We agree and undertake to abide by the Memorandum and Articles of Association of **The Air Cargo Agents Association of India** and its bye-laws and to observe a high ethical standard in the conduct of my/our air cargo business without reservation or equivocation of any kind.

I/We agree and undertake to fully comply with all IATA Resolutions;

I/We agree and undertake to assist the Association in the detection of any breach or breaches of such solemn undertaking on the part of any Agent or Agents who may be party to this Covenant;

I/We agree and undertake to intimate to the Association of any change in my/our status, constitution or corporate character/nature as the case may be within 30 days of any such change being effective;

I/We agree and confirm that the above conditions will be binding on the representative appointed by me/us from time to time to represent me/us and all acts, deeds and things done by him as member of or with or in relation to or concerning all matter relating to the Association shall be binding on me/us as if they are specifically done by me/us;

I/We agree and undertake to abide by all decisions of the Association or its Managing Committee, taken in consonance with principles of natural justice to suspend my/our membership of the Association or to expel me/us from the Association.

For _____

Place:

Date:

(Signature & Seal)
Proprietor/Partner/Director

Address of Head Office / Registered Office.

QUESTIONNAIRE

To be filled up by an applicant wishing to become an Associate Member of
The Air Cargo Agents Association of India (ACAAI)

01		Name of the Company/Firm	
02	a.	Full address (Head Office or Registered Office) Telephone # Fax # E-Mail ID: Website:	
	b.	When was the Head Office established/ incorporated	
	c.	Member of ACAAI since:	
03	a.	Full address, telephone # / fax # / email id, etc. of the Branch Office making this application.	
	b.	When was the Branch established?	
04	a.	Does the Branch handle break-bulk of incoming consolidations?	
	b.	Do you have Forwarders' Liability Insurance?	
	c.	Does your Branch hold a Custom House Agents Licence? If so, since when? Give No. and date of issue and valid till.	
05		Names of the two individuals with their designations, telephone numbers who will represent this Branch on the Association.	
06	a.	Does the applicant (Branch location) have staff exclusively assigned for sale, handling and processing of Cargo? If so, how many?	

06	b.	Do you have Two persons holding IATA/FIATA Introductory Course Diploma or an equivalent course?	
	c.	Do you have Two persons holding a valid Certificate of recognized training course in Dangerous Goods handling?	
	d.	Do you have the space devoted exclusively to your air cargo business? Further is it rented or ownership property? (Give area in Sq. feet) (i) Office Space (ii) Warehouse space	
	e.	State the present annual gross air cargo sales of the applicant branch (i) International (ii) Domestic	
07		Has the applicant previously applied for Membership? If yes, give details of such earlier application.	
08		Give any other details that will enable the Managing Committee to consider the application for Membership of the Association.	

We hereby certify that the information given above is true, correct and accurate and belief and that no information that may be relevant to the above questions has been suppressed or withheld. We agree to pay all fees of the Association as established from time to time.

Date:

Signature & Stamp of the Company
(Branch Location)

Signature & Stamp of the Company
(Head Office Location)

Name: _____

(Only Accredited person)

FOR OFFICE USE ONLY:

a. **Recommendation of the Region:**
Certify the above details have been verified by me and recommended for approval

Signature of the Regional Chairman

b. **Decision of the Managing Committee:**
Admit/Not admitted/sent for reconsideration of the Region
on _____

Signature of Chairman of Meeting