

# International Forwarders & Customs Brokers Association of Australia Business Member Application



## COMPANY DETAILS (Head Office)

Company Name:
Trading Name:
ABN:

## TRADING ADDRESS

Address:		
City:	State:	Postcode:

## MAILING INFORMATION

Address:		
City:	State:	Postcode:

## CONTACT INFORMATION

Nominated Person	Name:	Email:
Accounts Person	Name:	Email:
Telephone:	Fax:	Website:

## QUALIFICATIONS

Corporate Customs Licence No:	IATA Accredited Agent: Y <input type="checkbox"/> N <input type="checkbox"/>	Freight Forwarder: Y <input type="checkbox"/> N <input type="checkbox"/>
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## PROFESSIONAL INDEMNITY INSURANCE

Insurer:		
Address:		
Cover: \$	Expiry Date:	Policy No:

## EMPLOYEES

- Employees with a Customs Brokers Licence and / or IATA Dangerous Goods Air Acceptance Certificate are to complete an Individual Application Form.
- Complimentary membership is offered to Students studying to become a licensed customs broker and employed by a business member. Complete the attached Student Application Form. (if applicable)
- Photocopy forms for multiple employees. (All forms are available on the IFCBAA Website [www.ifcbaa.com](http://www.ifcbaa.com))
- All completed forms to be returned with Business Membership Application.

## CONDITIONS OF MEMBERSHIP

- A Business member shall:**
- be a sole proprietor, a partnership or corporation which (principally) engages in the business of customs brokerage, international freight forwarding or similar industry related services;
  - through an appointed representative be entitled to vote at meetings of members, shall be entitled to membership of the Board and shall be entitled to nominate any person for membership of the Board.
  - I will not at any time, onforward, distribute or in any other way provide any information or documentation that is provided to me from IFCBAA to any other person or third-party organisation including my own employer or their employees

**Professional Indemnity Insurance:**

In terms of Professional Indemnity and other insurance approved by the Board and determined according to the service provision capacity of business members, as a practical matter, minimal levels of insurance should be based upon the professional advice from insurance brokers or other advisers so as to ensure adequacy in the type and level of cover for each business circumstance. Updated Insurance details should be supplied to the IFCBAA each year on renewal.

**Nominated Person:**

The Nominated Person is the key contact for the IFCBAA who is responsible for updating the following information:

- Holds the IFCBAA voting right for the entity
- Professional Indemnity Insurance details (yearly)
- EE - Eligible Employee staff listing
- IFCBAA voting right for the entity

**Fees:**

- an annual membership fee will apply
- re-establishment fee of \$350 will apply if the business has previously been a member of the IFCBAA

## DECLARATION

**I HEREBY DECLARE THAT:**

1. The information supplied in this application is true and correct.
2. The aforementioned company has not been refused admission to any professional institute or society.
3. If admitted as a Business Member, the aforementioned company agrees to be bound by the Rules for Incorporation and the Code of Professional Conduct and By-laws of the IFCBAA now in force or which may hereafter from time to time be in force.

Signed: ..... Date:.....

## RETURN APPLICATION FORM

On completion of the application please forward it to:

**International Forwarders & Customs Brokers Association of Australia  
PO Box 3525 RAMSGATE NSW 2217**

Telephone: 02 9587 1986 Email: [ifcbaano@ifcbaa.com](mailto:ifcbaano@ifcbaa.com)

# International Forwarders & Customs Brokers Association of Australia State Office Details ONLY



<b>STATE OFFICE DETAILS - #1</b>			
Trading Name:			
<b>TRADING ADDRESS</b>			
Address:			
City:	State: State	Postcode:	
<b>MAILING INFORMATION</b>			
Address:			
City:	State: State	Postcode:	
<b>CONTACT INFORMATION</b>			
Nominated Person	Name:	Email:	
Telephone:	Fax:	Website:	

<b>STATE OFFICE DETAILS - #2</b>			
Trading Name:			
<b>TRADING ADDRESS</b>			
Address:			
City:	State: State	Postcode:	
<b>MAILING INFORMATION</b>			
Address:			
City:	State: State	Postcode:	
<b>CONTACT INFORMATION</b>			
Nominated Person	Name:	Email:	
Telephone:	Fax:	Website:	

<b>STATE OFFICE DETAILS - #3</b>			
Trading Name:			
<b>TRADING ADDRESS</b>			
Address:			
City:	State: State	Postcode:	
<b>MAILING INFORMATION</b>			
Address:			
City:	State: State	Postcode:	
<b>CONTACT INFORMATION</b>			
Nominated Person	Name:	Email:	
Telephone:	Fax:	Website:	

<b>STATE OFFICE DETAILS - #4</b>			
Trading Name:			
<b>TRADING ADDRESS</b>			
Address:			
City:	State: State	Postcode:	
<b>MAILING INFORMATION</b>			
Address:			
City:	State: State	Postcode:	
<b>CONTACT INFORMATION</b>			
Nominated Person	Name:	Email:	
Telephone:	Fax:	Website:	

