

Sri Lanka Logistics Provider's Association
Membership Application

Name of the Company	
Address	
Phone Number	
Fax Number	
Email Address	
Web site	

Managing Director	
Phone No.	
Fax	
Email Address	

Representative	
Designation	
Phone No	
Fax	
Email Address	

Alternate Representative	
Designation	
Phone No	
Fax	
Email Address	

Name	Designation	Experience

Type of Company		
BOI Status		
Registration No		
Date of Establishment		
Capital Structure	Authorized	
	Issued	

Type of B/L Issued	
--------------------	--

Bankers

Bank Name	Branch	Address

Auditors

Name	Address / Contact Details

Details of the Liability Insurance Cover

Insurance Company	
Contact Details	Tel.
	Fax.
Coverage Limit	
Validity Period	

Details of Registration with Exchange Control Department

Registration No	Date

Declaration

We hereby certify that the particulars furnished above regarding our company are true and accurate.

We.....

Hereby agree to abide by the Memorandum and the articles of the Association of Sri Lanka Logistics Providers Association, all by laws and regulations enacted from time to time decisions of the Association relating to the industry.

We further agree to conduct our business in accordance with the standard Trading Conditions of the association and the laws of Sri Lanka.

We herewith enclose cheque No.....of (Bank).....

Dated.....for.....being.....

.....
Name of Managing Director

.....
Signature

.....
Name of Representative

.....
Signature

Date.....

Please note that the representative appointed by you should be in a decision position. All future correspondence between the Association and your company will be done only through the representative appointed by the Management of the Member Company, until any changes are announced by the member company to the secretary in writing seven day prior to changes.

Sri Lanka Logistics Provider's Association

SLPPA Membership Application Form

This is in reference to the request made by you to become a new member of the Sri Lanka Logistics Providers Association, Please find enclosed the membership application form of the Association. The criteria for membership of the association are as follows.

- 01) Issuance of UCP accepted Negotiable Transport Document.
- 02) Have a paid up capital of not less than Rs. 10000001.
- 03) Have or it's staff 05 person in the capacity of a senior executive who has 5 years experience in Sri Lanka in the business of Logistics service providers.
- 04) Have obtained an all liability insurance cover from a recognized insurance company
- 05) Have been registered with the exchange control department of the Central Bank of Sri Lanka

An Application for membership should include

- 01) A copy of the company registration certificate issued by the registrar of companies
- 02) Original copies of the Negotiable Transport Document
- 03) Certificate of paid up capital from the applicant's auditors
- 04) A copy of the exchange control registration
- 05) A copy of the all liability insurance cover

Please do not hesitate to contact undersigned if you require further clarification on Tele 115-374801/3

Yours truly,
Sri Lanka Logistics Providers Association

National Chamber of Commerce of Sri Lanka Administrative Secretary