



LFS GLOBAL LOGISTICS GROUP

Candidate Information

Dear Friend,

Please fill out the following form and send back to us at group-secretary@ifsgroup.org for record.

Basic information of your company:

Company Name: _____

Station: _____ **Website:** _____

Company Address: _____

Company Registration Code/Tax No. _____

Key contact person from your office:

Key Contact Person 1 Mr. | Ms _____ **Job Title:** _____

Telephone: _____ **Facsimile:** _____

Mobile: _____ **Email:** _____

Key Contact Person 2 Mr. | Ms _____ **Job Title:** _____

Telephone: _____ **Facsimile:** _____

Mobile: _____ **Email:** _____

Key Contact Person 3 Mr. | Ms _____ **Job Title:** _____

Telephone: _____ **Facsimile:** _____

Mobile: _____ **Email:** _____

Contact of Account Dept. Mr. | Ms _____ **Email:** _____

Telephone: _____ **Facsimile:** _____

Your Company Specialization:

- | | | |
|---|---|---|
| <input type="checkbox"/> NVOCC | <input type="checkbox"/> Customs Broker | <input type="checkbox"/> Seafreight Consolidators (LCL) |
| <input type="checkbox"/> Airfreight Consolidators | <input type="checkbox"/> Courier & Express | <input type="checkbox"/> Wholesale Forwarding |
| <input type="checkbox"/> Dangerous Goods | <input type="checkbox"/> Household Removals | <input type="checkbox"/> Perishable Goods |
| <input type="checkbox"/> Events Logistics | <input type="checkbox"/> Liquid Bulk Handling | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Exhibition Logistics | <input type="checkbox"/> Live Animals | <input type="checkbox"/> E-Commerce Logistics |
| <input type="checkbox"/> Project Forwarding | <input type="checkbox"/> Time Critical | <input type="checkbox"/> Ships Spares and Marine Forwarding |

Are you a booking agent of shipping line or airline? Which shipping line or airline?

Are you member of any logistics network? Please list the network name.
