

DACAAI
Domestic Air Cargo Agents
Association

Regd. Address- 5-C, Mittal Industrial Estate
Andheri Kurla Road Andheri (E)
Mumbai- 400059

Corresponding address-
8/10 2nd Floor Mehram Nagar Opp. Palam Airport
New Delhi-110010

Membership Application
Form

Application

To,
ThePresident
Domestics Air Cargo Agents Association
5-C/105, Mittal Industrial Estate
Andheri Kurla Road Andheri (E)
Mumbai- 400059

RespectedSir,

Sub: Application for DACAAI Membership

We **Company name** Hereby apply for the Active Membership of the Association and if granted.

1. I / We agree and undertake to abide by the Memorandum and articles of the Association of DACAAI and its bye laws/Code of Conduct and to observe a high ethical standard in the conduct of my / Our Air Cargo business without reservation or equivocation of any kind.
2. I /We agree and undertake to fully comply with at DACAAI Resolutions.
3. 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.
4. I /We agree and confirm that all the above conditions will be binding on any or all our branches and on any representative appointed by me / us from time to time me/us as if they are specifically done by me/ us.
5. I /We agree and undertake to abide by all decisions of the Association and or it's 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.

Yours' truly

For **Company name**

Signature and Stamp
(Proprietor/Partner/ Director)

Date.....

1. Legal Name of Firm _____

2. Trade Name of Firm
(If different from legal name) _____
3. When established / incorporated? _____
4. Full Name and Regd. Address _____

5. Mailing Address (if Different) _____
6. E-mail Address _____
7. Telephone No. _____
8. Name of Proprietor /Partners
Director / Managing Director _____
9. Address of Proprietor /Partners
Director / Managing Director _____
10. PANNo. Of Company or Proprietor _____
11. Name of Airlines
(authorized agent) _____
12. Are you a Multi modal Logistics _____
13. Are you have GSA of any Airlines _____

14. Are you a Member of any other Associations _____

15. Are you ISO Certified (If yes Attach copy) _____

16. Branches in India _____

17. Please list 3 Vender references With name and Number (a. _____
(b. _____
(c. _____

18. State the Name of Bank _____

19. Pleases give any other Details that will enable the Committee to consider the Application for membership Of the association _____

**if space is insufficient in above pleases attach as annexure.*

We hereby certify that the information given is true, correct and accurate to the best of our knowledge and belief and that no information that may be relevant to be above3 questions has been suppressed or withheld. We agree to pay all gees of association as established from time to time.

Date

Signature and Stamp
(Proprietor/Partner/ Director)

The above mentioned applicant is known to us and the information supplied above by the applicant is to the best of our knowledge true and correct. We hereby propose the applicant the membership of the Association.

1. Name of Proposer _____

Company Name _____

Membership Number _____

Date: _____

Signature and Stamp _____

2. Name of Proposer _____

Company Name _____

Membership Number _____

Date: _____

Signature and Stamp _____

Member Ship fee

National Member	(20000/-One Time)	Rs-75000/- (annual)
Regional Member	(20000/-One Time)	Rs-40000/- (annual)
Local Member	(10000/-One Time)	Rs- 20000/- (annual)
Associate Member	(10000/-One Time)	Rs- 12000/- (annual)

I /We here with enclose a chq/DD No. _____ Date _____ ON
_____ for Rs. _____ towards Entry and Membership Fees

(Same will be returned if membership not accepted)

Date

Signature and Stamp
(Proprietor/Partner/ Director)

National – Present in more than two region.

Regional – Present in two region.

Local - Present only one station.

Associate – Member who have no AWB Stock. (No voting right)

Revised 01

FOR OFFICE USE ONLY:

1. Decision of the Managing Committee: Approved / Not Approved / Deferred / sent for reconsideration of the Region on _____

Signature of Chairman of Meeting

1. MEMBERSHIP APPROVED / NOT APPROVED

2. MEMBERSHIP: Associate / Regional / National /Local

Signature of Chairman of Meeting / President