

Thank you for your interest to be part of Life Logistics, The Global Pharmaceutical Logistics Alliance. To maintain a high-quality network, all applying forwarders undergo a screening process. This Application Form aims to gather the most pertinent information about your company and service specialization. Upon submission, we will notify you of your application status within 1 week.

STEP 1 - BASIC INFORMATION AND QUALIFICATIONS

To ensure a qualified community of Pharmaceutical Logistics, all agents of Life Logistics should have ongoing at least 3 years in the pharmaceutical logistics business, with at least 5 active Pharmaceutical accounts.

Our company has been active in the business for more than 3 years

Our company has at least 5 active Pharmaceutical Accounts

Our company is interested in developing new business with new partners

Our company agrees to share pharmaceutical logistics business within the group to support each other

We have all government licenses and business permits to operate as a Pharmaceutical Logistics Company

BPL Classified (Bio Pharma Logistics)

Capable of doing cold chain logistics

Stock of cool boxes and temperature for monitoring

We are covered by a Liability Insurance

Our company is GMP Certified (Good Manufacturing Practice)

This is to confirm that I am not an owner/administrator/board member or advisor to other freight forwarding networks/alliances, profit or non-profit oriented. I agree that if any form of link is established that my membership can be cancelled without refund and agree that RW may terminate my attendance/members and inform all members/attendees of my termination including other network owners, associations, alliances.

This is to confirm that we do not have any outstanding payables with any of our forwarding partners beyond 60 days, or any outstanding disputes. This is to confirm that we are not listed on any blacklisting either in FDRS or our local association, any findings can be published.

KEY CONTACT INFORMATION

Name:

Position:

Skype ID:

Email Address:

Mobile No.:

COMPANY INFORMATION

Company Name:

Complete Address:

Website:

Tel. No.:

Fax No.:

SECONDARY KEY CONTACT INFORMATION

Name:

Position:

Skype ID:

Email Address:

Mobile No.:

Year of Establishment:

Amount of Staff:

Amount and Location of Branches:

HOW DID YOU LEARN ABOUT LIFE LOGISTICS NETWORK?

1. Where did you first hear about us? Please choose one.

- Life Logistics Member
(Please specify name of company)
- Life Logistics Social Media Accounts
  Facebook
  Instagram
  LinkedIn
- Life Logistics Regular Email Messages
- Another agent who's not a Life Logistics Member
(Please specify name of company)
- Web Search engine like Google search
- Direct Mail letter from Life Logistics
- Conference/ Event:
(Please specify name of event)

2. What made you decide to join Life? Again, please choose one.

- Life Logistics Member
(Please specify name of company)
- Life Logistics Social Media Accounts
  Facebook
  Instagram
  LinkedIn
- Life Logistics Regular Email Messages
- Another agent who's not a Life Logistics Member
(Please specify name of company)
- Web Search engine like Google search
- Direct Mail letter from Life Logistics
- Conference/ Event:
(Please specify name of event)

TERMS & CONDITION

- *By ticking this box, you certify that you agree and understand the terms and conditions below.*
- The network reserves the right not to disclose any information regarding your application.
- This is to confirm that I am not an owner/administrator/board member or advisor to other freight forwarding networks/alliances, profit or non-profit oriented. I agree that if any form of link is established that my membership can be cancelled without refund and agree that RW may terminate my attendance/members and inform all members/attendees of my termination including other network owners, associations, alliances.
- This is to confirm that we do not have any outstanding payables with any of our forwarding partners beyond 60 days, or any outstanding disputes. This is to confirm that we are not listed on any blacklisting either in FDRS or our local association, any findings can be published.
- This is to confirm that I am not an owner/administrator/board member or advisor to other freight forwarding networks/alliances or events or exhibition booth promotions of freight forwarders, profit or non-profit oriented, formal or informal. I agree that if any form of link is established that my membership / event attendance can be cancelled without refund and agree that RW may terminate my attendance/membership and inform all members/attendees of my termination including other network owners, associations, alliances.

Should you need assistance, please email us at info@lifelogisticsnetwork.com



www.lifelogisticsnetwork.com



info@lifelogisticsnetwork.com



www.facebook.com/lifelogisticsnetwork



www.linkedin.com/company/life-logistics-network



[@lifelogisticsnetwork](https://www.instagram.com/lifelogisticsnetwork)

STEP 2 - AGENCY REFERRALS

Part of Life Logistics' Screening process is to only invite Pharmaceutical Logistics companies with a good track record with existing partners. To be able to screen this quality, please provide 2 of your agent contacts with whom you already have a long term business relationship with - for Life Logistics to verify the relationship.

AGENCY 1

Company Name:
Country :
Name:
Email Address:

AGENCY 2

Company Name:
Country :
Name:
Email Address:

STEP 3 - BUSINESS AND CAPABILITIES PROFILE**FREIGHT VOLUME PER MONTH**

Import

- a. Air Tonnage: _____ tons
b. Sea Freight Teus: _____ tons

Export

- a. Air Tonnage: _____ tons
b. Sea Freight Teus: _____ tons

FREIGHT VOLUME PER MONTH

Last Year's Net Income (in USD): _____
Last Fiscal Yeas Turnover (in USD): _____
Capitalization: _____

COMPANY SIZE AND LENGTH OF OPERATION

Registration No.: _____
Year Established: _____
Length of Operation (in years): _____
Number of Local Branches: _____
Total Number of Staff (including branches): _____

We agree that business contracts are between members of the network.
Life Logistics performs business contact introductions only

Signature over printed name