

**CUSTOMS BROKERS AND FREIGHT FORWARDERS ASSOCIATION OF JAMAICA (CBFFAJ)**  
**UNIT #1, 14-16 FIRST STREET, NEWPORT WEST, KINGSTON 13**

**MEMBERSHIP APPLICATION FORM FOR BODY CORPORATES**  
**AND UNICORPORATED ASSOCIATION**

*(Form to be completed by Qualifying Director, Associate or Partner. For the purposes of this form and representation within the CBFFAJ, the term "Qualifying Director, Associate or Partner" refers to the person whose Licence was used to cause the 'Body' to be licensed. The term 'Body' refers to the name in which the Business is licensed to operate. It must therefore be noted that the Qualifying Director, Associate or Partner would be the person that would represent the 'Body' within the Association)*

1. NAME OF APPLICANT.....
2. ADDRESS.....
3. TELEPHONE..... FAX.....
4. E-MAIL.....
5. Qualifying Director, Associate or Partner whose License was used to cause 'Body' to be Licensed:  
(a) Name..... (b) Licence Number.....
6. WAS CUSTOMS BROKERS LICENCE OBTAINED BY:  
(a) Diploma from UTECH..... YES..... NO.....  
(b) Passing the qualifying Examination set by the Customs Brokers Licensing Advisory Board (CBLAB)..... YES..... NO.....  
(c) Exemption..... YES..... NO.....  
(d) Other.....
7. LIST THE DIRECTORS, ASSOCIATES OR PARTNER:

(a) Residing in Jamaica

NAME	ADDRESS	OFFICE HELD

(b) Not Residing in Jamaica:

NAME	ADDRESS	OFFICE HELD

8. Is the "Body" Incorporated in Jamaica? ..... YES.....NO.....

9. Are you or any other Director, Associate or Partner, associated with any other Customs Brokerage or Freight Forwarding Business?.....YES.....NO.....

10. If answer to NUMBER 9 is Yes, Please state

(a) NAME of Business.....

(b) Type of Association.....

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11. Are there any other Licensed Customs Broker within the Organizations? YES.....NO.....

12. If answer to NUMBER 11 is Yes Please state:

NAME..... LICENCE NUMBER.....

NAME..... LICENCE NUMBER.....

NAME..... LICENCE NUMBER.....

NAME..... LICENCE NUMBER.....

13. Do you or any other Director(s), Associate(s) or Partner(s) have any criminal records or any pending case(s) (other than offences under the Road Traffic Act)? YES.....NO.....

14. If Answer to question 13 is YES, please state circumstances and status.....

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**PERSONAL DATA OF QUALIFYING DIRECTOR, ASSOCIATE OR PARTNER**

15.DATE OF BIRTH.....MARRIED/SINGLE.....  
(dd/mm/yr)

16. NEXT OF KIN.....

17. HOME TELEPHONE .....

18. RELIGION.....

19. HAVE YOU AND YOUR DIRECTOR(s), ASSOCIATE(s) OR PARTNER(s) READ AND UNDERSTOOD THE REGULATION GOVERNING THE LICENSING OF CUSTOMS BROKERS?.....YES.....NO.....

20. WHY DO YOU WANT YOUR BUSINESS TO BECOME A MEMBER OF THE CBFFAJ?  
GIVE DETAILS:

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21. Do you want the "Body" to be placed on the Customs Brokers Collective Licensing Bond?  
YES..... NO.....

22. SPONSORED BY: \_\_\_\_\_  
*NAME OF MEMBER*

(a) Reasons for sponsoring Applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
*SIGNATURE OF MEMBER* *DATE*

23. SPONSORED BY: \_\_\_\_\_  
*NAME OF MEMBER*

(a) Reasons for sponsoring Applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) \_\_\_\_\_  
*SIGNATURE OF MEMBER* *DATE*

***We do solemnly declare that the information contained in this application is true to the best of our knowledge and belief and we make this solemn declaration conscientiously believing it to be true and knowing that it is of force and effect as if made under oath and by virtue of the Voluntary Declaration Act. We also hereby agree to inform the Customs Brokers And Freight Forwarders Association of Jamaica forthwith of any change in Name, Address or any other matter affecting our Customs Brokers Licence, and we further undertake to fulfil all duties and obligations of a Customs Broker in accordance with the Customs Laws. We are therefore fully aware that any misleading or incorrect information given may result in the refusal of application or termination of membership and possible litigation.***

\_\_\_\_\_  
*SIGNATURE OF QUALIFYING DIRECTOR  
ASSOCIATE OR PARTNER*

\_\_\_\_\_  
*DATE*