



MEMBERSHIP APPLICATION FORM

Logistics & Warehousing Association (Punjab)

1. APPLICANT DETAILS

Name of Company / Firm / Organization:

Type of Organization:

Proprietorship Partnership LLP Private Limited Public Limited Others:

Year of Establishment: _____

Registered Address:

City: _____ State: _____ PIN: _____

Office Address (if different):

2. CONTACT DETAILS OF KEY PERSON/S

Name:

Designation:

Mobile No.:



Email ID:

3. BUSINESS PROFILE

Nature of Business (Tick applicable):

- Warehousing Operator
- Logistics Service Provider
- Transporter / Fleet Operator
- Cold Storage
- 3PL / 4PL
- Freight Forwarder
- CFS / ICD Operator
- Developer / Infrastructure Provider
- Technology / Automation Provider
- Consultant
- Other (Please specify): _____

Key Services Offered:

Operational Locations (Cities / States):

Total Warehouse Area:



Client List:

4. STATUTORY DETAILS

PAN Number:

GST Number:

MSME Registration (if any):

Other Licenses / Certifications (if any):

5. MEMBERSHIP CATEGORY (Tick one)

- Individual Member
- Corporate Member
- Special Invitee
- Institutional / Partner Member

Fee Details: _____

6. OBJECTIVES OF JOINING THE ASSOCIATION

(You may tick more than one)



- Government liaison & policy advocacy
- Industry networking
- Business development opportunities
- Regulatory guidance & compliance support
- Knowledge sharing / training programs
- Representation of industry issues
- Others: _____

7. DECLARATION

I / We hereby apply for membership of the **Logistics & Warehousing Association (Punjab)**.

I / We agree to abide by the rules, regulations, code of conduct, and decisions of the Association as amended from time to time.

I / We confirm that the information provided above is true and correct to the best of my/our knowledge.

Authorized Signatory Name:

Designation:

Signature & Company Seal:

Date: _____

Place: _____

8. FOR OFFICE USE ONLY



Membership Application No.: _____

Membership Category Approved: _____

Amount Received: _____

Receipt No. & Date: _____

Approved By: _____

Membership Valid From: _____ To: _____