



National Bulk Handling Corporation Ltd.

Adding Value to Commodities



WAREHOUSE EMPANELMENT FORM

Please furnish following details :

* Name of Company :

* Address 1:

Address 2 :

* Town / City:

* State:

* Country:

* Postal Code :

* Tel. No. [with STD Code] :

Fax No. :

* E-mail :

Website :

Name of Parent Organization [If Applicable] :

Name of Subsidiary or Associate Organization :

Date Company Established :

Date Commenced Public Warehousing :

Services Provided / Facilities Available : [please tick the following as appropriate]

Retail Grain

Bulk Grain

Bulk Liquids

Hazardous Chemicals

White Goods

Open Storage

Cold Storage

Silos for Grain

Container Facilities

Rail Sidings

Break Bulk

Pallets and Dunnage

Export Packing

Contract Packing

Procurement Handling

Commission Agency

Distribution Services

Customs Bond

Freight Forwarding

Weighbridge

Other Services (Please Specify) :

Membership of any other Associations /Societies :

Has any of your depots attained ISO accreditation for Quality Management System or are they in the process of applying for it?:

Name of Company Representative nominated for the purpose of communication:

Tel. No. :

Details of Warehousing Premises :				
Warehouse 1				
Name, Address, Telephone and Fax Numbers				
Type of Construction [Brick,Concrete,Steel,etc.]:	Walls :		Roof :	
Area [Sq.Ft.]	Length	Breadth	Height	G. Total
Covered :				
Open :				
Number of Staff [Full Time]:				
Services Offered at Each Depot [See Page No.1]				
Warehouse 2				
Name, Address, Telephone and Fax Numbers				
Type of Construction [Brick,Concrete,Steel,etc.]:	Walls :		Roof :	
Area [Sq.Ft.]	Length	Breadth	Height	G. Total
Covered :				
Open :				
Number of Staff [Full Time]:				
Services Offered at Each Depot [See Page No.1]				
Warehouse 3				
Name, Address, Telephone and Fax Numbers				
Type of Construction [Brick,Concrete,Steel,etc.]:	Walls :		Roof :	
Area [Sq.Ft.]	Length	Breadth	Height	G. Total
Covered :				
Open :				
Number of Staff [Full Time]:				
Services Offered at Each Depot [See Page No.1]				
NBHC Membership Inspection Check List and Internal Audit Aide Memoire				
				Remarks
Office and Administrative Facilities				
Offices				
Easily accessible for staff, drivers and visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Clearing signpost? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Access safe and unobstructed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Staff and Equipment				
Office adequately staffed and equipped to provide stock control and Goods Inwards / Outwards documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Insurance				
Whether building structure insured? <input type="checkbox"/> Yes <input type="checkbox"/> No				

By submitting this form, we hereby declare that we are engaged in the business of warehousing for the premises details given above and are our personal belonging / hired warehouses.

We apply for Membership of National Bulk Handling Corporation Ltd., and agree to abide by Rules, Regulations and Byelaws of the Company and subject to such terms and conditions as the management may prescribe from time to time.

We hereby declare that information given above are true to the best of our knowledge and our membership shall be cancelled in case of misrepresentation or proved to be false.

Name & Designation of Applicant :

Contact No. :

Date :

Place :

Kindly note that submission of this Application Form does not indicate acceptance of membership by NBHC. This will be subject to further processing & due diligence of clients' documents by NBHC and NBHC reserves the right of acceptance or rejection of the Application Form without assigning any reason for the same.

Corporate Office:

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