



Membership Application Form

Please furnish following details :

[Fields marked * are compulsory]

| | | |
|----------------------------|---|----------------------|
| * Name of Company | : | <input type="text"/> |
| * Address 1 | : | <input type="text"/> |
| * Address 2 | : | <input type="text"/> |
| * Town / City | : | <input type="text"/> |
| * Country | : | <input type="text"/> |
| * Postal Code | : | <input type="text"/> |
| * Tel. No. [with STD Code] | : | <input type="text"/> |
| * Fax No. | : | <input type="text"/> |
| * E-mail | : | <input type="text"/> |
| * Website | : | <input type="text"/> |

| | | |
|--|---|----------------------|
| Name of Parent Organization [If Applicable] | : | <input type="text"/> |
| Name of Subsidiary or Associate Organization | : | <input type="text"/> |
| * Date Company Established | : | <input type="text"/> |
| * Date Commenced Public Warehousing | : | <input type="text"/> |

Services Provided / Facilities Available :

[please tick the following as appropriate]

| | |
|--|--|
| <input type="checkbox"/> Retail Grain | <input type="checkbox"/> Bulk Grain |
| <input type="checkbox"/> Bulk Liquids | <input type="checkbox"/> Hazardous Chemicals |
| <input type="checkbox"/> White Goods | <input type="checkbox"/> Open Storage |
| <input type="checkbox"/> Cold Storage | <input type="checkbox"/> Silos for Grain |
| <input type="checkbox"/> Container Facilities | <input type="checkbox"/> Rail Sidings |
| <input type="checkbox"/> Break Bulk | <input type="checkbox"/> Pallets and Dunnage |
| <input type="checkbox"/> Export Packing | <input type="checkbox"/> Contract Packing |
| <input type="checkbox"/> Procurement Handling | <input type="checkbox"/> Commission Agency |
| <input type="checkbox"/> Distribution Services | <input type="checkbox"/> Customs Bond |
| <input type="checkbox"/> Freight Forwarding | <input type="checkbox"/> Weighbridge |
| <input type="checkbox"/> Other Services (Please Specify) : | <input type="text"/> |

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] | : | | | |

Standards of Warehousing :

NBHC Membership Inspection Check List and Internal Audit Aide Memoire

| | Yes / No | Remarks |
|-------------------------------------|--|---------|
| Part 1 - Warehouse Buildings | | |
| Structure | | |
| Suitable for use a warehouse? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Wind and water tight? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Windows and roof lights intact? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Roof watertight and galleys clear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| General Appearance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | Yes / No | Remarks |
|---|--|----------------------|
| Floor | | |
| Suitable, sound and clean? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Free from debris and other obstructions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Electrical Installation | | |
| Should be safe and conform to Regulations | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Light fittings as high as possible to avoid risk of damage | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Fire Extinguishers | | |
| Approved by insurers and local Fire Authorities? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Doors | | |
| Sufficient loading doors for traffic involved? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Adequate and properly positioned personnel doors? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| All external doors close-fitting? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Locking arrangements to insurers' requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Staff Facilities | | |
| Lavatory, washing and mess room accomodation provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| First Aid Box_provided and stocked? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Part 2 - Site and Perimeter | | |
| Area used for manoeuvring, vehicle parking or open storage adequately surfaced? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Part 3 - Office and Administrative Facilities | | |
| Offices | | |
| Easily accessible for staff, drivers and visitors? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Clearing signpost? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Access safe and unobstructed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| 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 | <input type="text"/> |
| Part 7-Fire Protection Measures & Equipment | | |
| Fire Certificate or application (if required) available? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Fire escapes, fire doors and hydrant points clearly marked and kept free of obstruction? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Equipment regularly tested and professionally maintained and records kept? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| "No Smoking" signs displayed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |

| | Yes / No | Remarks |
|---|--|----------------------|
| Part 9 - Insurance | | |
| Whether building structure insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Part 10 | | |
| Adequate measures for controlling pests [especially if food stored] | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |

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 By-laws 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.

Please send completed form to :
National Bulk Handling Corporation Ltd.
 Landmark "B", 3rd Floor, Suren Road, Chakala, Andheri (East), Mumbai - 400093.
 Tel.: +91-22-26834400, Fax: +91-22-26830055

E-mail : info@nbhcindia.com, Website : www.nbhcindia.com