

Request to approve below contact details for Qatar Association for Freight Forwarding and Logistics (QAFL) Membership.

The name of the company / institution	
Chamber membership number:	
Commercial registration number:	
Its validity:	
Company address	
Phone:	Extension No:
E-mail:	Mobile:
We submit this request to become member of The Qatar Association for Freight Forwarding and Logistics (QAFL), and we also undertake to provide copies of real documents if requested by the Chamber and we bear any responsibilities towards that.	
Requested by:	Stamp - الختم
Name:	
Position:	
Phone:	
*Signature:	

Attached with the application:

- Authorized person (Name mentioned in CR Copy)
- A copy of the applicant's Qatar ID card.

* This letter should be signed and stamped by authorized person (Name mentioned in CR Copy) and please attached authorized person ID to verify his signature.