

Company name:

Company incorporation date and location:

Legal form of company:

VAT No.

COMPANY OWNER:

Name:

E-Mail:

Tel.:

HEADQUARTER ADDRESS DETAILS:

Address:

Postal code:

Country:

Company turnover in USD:

Company financial year:

Variation to the fiscal date:

Number of employees (total company including all branches, locations and subsidiaries)

1-5

6-10

11-20

21-50

50 +

1.) BRANCHES, LOCATIONS AND SUBSIDIARIES

Name:

Address:

Postal code:

Town:

Country:

LOCATION:

at sea port
at airport
off airport
off sea port

2.) BRANCHES, LOCATIONS AND SUBSIDIARIES

3.) BRANCHES, LOCATIONS AND SUBSIDIARIES

4.) BRANCHES, LOCATIONS AND SUBSIDIARIES

5.) BRANCHES, LOCATIONS AND SUBSIDIARIES

6.) BRANCHES, LOCATIONS AND SUBSIDIARIES

1.) CONTACT DETAILS BRANCH:

Office Manager:	Name:	E-Mail:	Tel.:
Finance Manager:	Name:	E-Mail:	Tel.:
Finance Department:	Name:	E-Mail:	Tel.:
Sales Manager:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:

2.) CONTACT DETAILS BRANCH:

Office Manager:	Name:	E-Mail:	Tel.:
Finance Manager:	Name:	E-Mail:	Tel.:
Finance Department:	Name:	E-Mail:	Tel.:
Sales Manager:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:

3.) CONTACT DETAILS BRANCH:

Office Manager:	Name:	E-Mail:	Tel.:
Finance Manager:	Name:	E-Mail:	Tel.:
Finance Department:	Name:	E-Mail:	Tel.:
Sales Manager:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:

4.) CONTACT DETAILS BRANCH:

Office Manager:	Name:	E-Mail:	Tel.:
Finance Manager:	Name:	E-Mail:	Tel.:
Finance Department:	Name:	E-Mail:	Tel.:
Sales Manager:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:

5.) CONTACT DETAILS BRANCH:

Office Manager:	Name:	E-Mail:	Tel.:
Finance Manager:	Name:	E-Mail:	Tel.:
Finance Department:	Name:	E-Mail:	Tel.:
Sales Manager:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:

6.) CONTACT DETAILS BRANCH:

Office Manager:	Name:	E-Mail:	Tel.:
Finance Manager:	Name:	E-Mail:	Tel.:
Finance Department:	Name:	E-Mail:	Tel.:
Sales Manager:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:
Sales Department:	Name:	E-Mail:	Tel.:

3 CERTIFICATIONS/ PERMITS/ AUTHORISATIONS

Yes No

IATA

CASS

AEO

Other security permits related to secure air cargo

Other permits by air – If yes, please describe _____

Other security permits related to secure sea cargo

Other permits by sea – If yes, please describe _____

Road transport permits

Other permits by road – If yes, please describe _____

Membership associations (e.g. BIFA, ATA, CIFFA, FIATA)

– If yes, please describe _____

Any other certifications/permits/authorisations

– If yes, please describe _____

4 DETAILS FOR OFN PROTECTION PLAN

_____ Number of customer in total (excluding agents, forwarders) your company has been working within the last 6 month *

_____ Number of agents and forwarders in total (excluding OFN) your company has been working within the last 6 month *

_____ Number of OFN agents your company has been working within the last six month

Credit arrangements deviating from the OFN protection plan with following OFN members:

Member 1: *	Company name: _____	+ 60 days	+ 90 days
Member 2: *	Company name: _____	+ 60 days	+ 90 days
Member 3: *	Company name: _____	+ 60 days	+ 90 days
Member 4: *	Company name: _____	+ 60 days	+ 90 days
Member 5: *	Company name: _____	+ 60 days	+ 90 days

Yes No

Is a credit control system in place? – If yes, please describe * _____

What actions are being taken by the credit control department in case of non-payment?

Please describe * _____

Is the office/warehouse outright owned mortgaged or rented by the company. *

Number of company cars outright _____ **owned** _____ **financed** or _____ **leased by the company. ***

Number of company trucks/vans/lorries _____ **owned** _____ **financed** or _____ **leased by the company. ***

Yes No

Any other asset outright owned by the company e.g. cranes or valuables

If yes, please describe * _____

* This information is for internal use only and will not be published in any way.

Yes No

Is any credit protection insurance in place in case of non-payment by customers or agents?

If yes, please name credit insurance(s) * _____

Your credit insurance:

Guarantee up to USD 50,000.00 *

Guarantee up to USD 100,000.00 *

_____ % How much of the total sales revenue in percentage makes up the biggest customer (including agent, forwarder) ? *

_____ % How much of the total sales revenue in percentage makes up the two biggest customers (including agents, forwarders) ? *

_____ % How much of the total sales revenue in percentage makes up the three important customers (including agents, forwarders) ? *

Yes No

Can all OFN agents still be paid on time in case that the two biggest (by outstanding debits) customers or agents cannot pay your invoice. *

5 FORWARDING BUSINESS DIVISIONS

What are your main business areas?

not applicable	occasional biz	regular biz	main biz	BUSINESS AREA:
				Air freight transportation
				Sea freight transportation
				Road freight transportation
				Packing and crating
				Project cargo
				Full air & ocean charter
				Rail transportation
				Military transportation
				Classified permit/licence transportation
				Artwork (incl. packing)
				Car transportation
				AOG transportation
				Household goods and removal services
				Pharmaceutical goods
				Exhibition transport
				Film industry and dailies transport
				Human remains transport
				Other niche markets

6 AIR FREIGHT TRANSPORTATION

Yes No

Single transport (Airport-to-Airport)

Allowed to issue own MAWB

Allowed to issue own HAWB

Consolidation

Door-to-Door service

Dangerous goods

Other air freight services - if yes, please describe _____

State your two preferred airlines (export): 1. _____ 2. _____

Does your company have any distinctive service features or profitable advantages (in air freight) that can be offered to other OFN members? _____

Key Contact:

Name:

E-Mail:

Tel.:

Export:

Name:

E-Mail:

Tel.:

Import:

Name:

E-Mail:

Tel.:

7 SEA FREIGHT TRANSPORTATION

Yes No

FCL service

LCL service

Stuffing/devanning

Allowed to issue own B/L (House/Master)

In which country are those B/L`s registered _____

Dangerous goods

Other sea freight services - if yes, please describe _____

State your **two** preferred (export) shipping lines: 1. _____ 2. _____

Does your company have any distinctive service features or profitable advantages (in sea freight) that can be offered to other OFN members? _____

Key Contact:

Name:

E-Mail:

Tel.:

Export:

Name:

E-Mail:

Tel.:

Import:

Name:

E-Mail:

Tel.:

8 AIR FREIGHT TRANSPORTATION

Yes No

Inland road freight transportation services (i.e. national)

Continental road freight transportation services (i.e. international)

Dangerous goods

Other road freight specialisation

Do you operate your transportation services by road with your owned vehicles and personnel?

Inland road freight services with own vehicles and personnel

Continental road freight services with own vehicles and personnel

Do you operate a delivery or collection service from/to the airport with your own vehicles and personnel?

Do you offer special deliveries from/to the airport with your own vehicles and personnel?

Do you offer deliveries or collections of containers to the sea port with own vehicle and personnel?

Do you operate your inland road freight services with own vehicles and personnel?

Do you operate your continental road freight services with third party lorries or trucks (i.e. subcontractors)

Do you operate a delivery or collection service from/to the airport with third party vehicles (i.e. subcontractors)?

Do you offer special deliveries from/to the airport with third party vehicles (i.e. subcontractors)?

Do you offer deliveries or collections of containers to the sea port?

Does your company have any distinctive service features or profitable advantages (in road transportation) that can be offered to other OFN members?

Key Contact:

Name:

E-Mail:

Tel.:

Export:

Name:

E-Mail:

Tel.:

Import:

Name:

E-Mail:

Tel.:

9 PACKING AND CRATING

Yes No

Do you offer packing and crating at your warehouse?

If yes, Third party (i.e. subcontractors)

Own personnel

Can you offer packing and crating at your customers premises?

If yes, Third party (i.e. subcontractors)

Own personnel

Key Contact:

Name:

E-Mail:

Tel.:

Export:

Name:

E-Mail:

Tel.:

Import:

Name:

E-Mail:

Tel.:

10 PROJECT CARGO

Yes No

Does your company have any distinctive service features or profitable advantages (in project cargo) that can be offered to other OFN members?

If yes, please describe

Key Contact:

Name:	E-Mail:	Tel.:
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Project Manager:

Name:	E-Mail:	Tel.:
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Project Operation:

Name:	E-Mail:	Tel.:
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Project Operation:

Name:	E-Mail:	Tel.:
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11 FULL AIR & OCEAN CHARTER

Yes No

Does your company have any distinctive service features or profitable advantages (in rail transport) that can be offered to other OFN members?

If yes, please describe

Key Contact:

Name:	E-Mail:	Tel.:
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Air & Ocean Charter Manager:

Name:	E-Mail:	Tel.:
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Air & Ocean Charter Operation:

Name:	E-Mail:	Tel.:
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Air & Ocean Charter Operation:

Name:	E-Mail:	Tel.:
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12 RAIL TRANSPORTATION

Yes No

Does your company have any distinctive service features or profitable advantages (in air & ocean charter) that can be offered to other OFN members?

If yes, please describe

Key Contact:

Name:	E-Mail:	Tel.:
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Rail Transportation Manager:

Name:	E-Mail:	Tel.:
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Rail Transportation Operation:

Name:	E-Mail:	Tel.:
-------	---------	-------

Rail Transportation Operation:

Name:	E-Mail:	Tel.:
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13 MILITARY TRANSPORTATION

Yes No

Does your company have any distinctive service features or profitable advantages (in military transport) that can be offered to other OFN members?

If yes, please describe _____

Key Contact:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:

14 CLASSIFIED PERMIT/LICENCE TRANSPORTATION

Yes No

Does your company have any distinctive service features or profitable advantages (in classified transportation) that can be offered to other OFN members?

If yes, please describe _____

Key Contact:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:

15 ARTWORK (INCL. PACKING)

Yes No

Does your company have any distinctive service features or profitable advantages (in artwork and packing) that can be offered to other OFN members?

If yes, please describe _____

Key Contact:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:

16 CAR TRANSPORTATION

Yes No

Does your company have any distinctive service features or profitable advantages (in car transport) that can be offered to other OFN members?

If yes, please describe _____

Key Contact:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:

17 AOG TRANSPORTATION (INCLUDING ON-BOARD COURIER AND MEDICINE TRANSPORT I.E. TRANSPLANTATION)

Yes No

Does your company have any distinctive service features or profitable advantages (in AOG's) that can be offered to other OFN members?

If yes, please describe _____

Key Contact:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:

18 HOUSEHOLD GOODS AND REMOVAL SERVICES

Yes No

Does your company have any distinctive service features or profitable advantages (in household goods and removals) that can be offered to other OFN members?

If yes, please describe _____

Key Contact:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:

19 PHARMACEUTICAL GOODS

Yes No

Does your company have any distinctive service features or profitable advantages (in pharmaceutical goods) that can be offered to other OFN members?

If yes, please describe _____

Key Contact:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:

20 EXHIBITION TRANSPORT

Yes No

Does your company have any distinctive service features or profitable advantages (in exhibition transport) that can be offered to other OFN members?

If yes, please describe _____

Key Contact:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:

21 FILM INDUSTRY AND DAILIES TRANSPORT

Yes No

Does your company have any distinctive service features or profitable advantages (in film and dailies transport) that can be offered to other OFN members?

If yes, please describe _____

Key Contact:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:

22 HUMAN REMAINS TRANSPORT

Yes No

Does your company have any distinctive service features or profitable advantages (in the transport of human remains) that can be offered to other OFN members?

If yes, please describe _____

Key Contact:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:

23 OTHER NICHE MARKETS

Yes No

Does your company have any distinctive service features or profitable advantages (in other niche markets) that can be offered to other OFN members?

If yes, please describe _____

Key Contact:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:
Operation:	Name:	E-Mail:	Tel.:

24 INSURANCE *

Is an insurance policy available against following risks

Yes No

- Dedicated insurance (i.e. single transport insurance)
- AWB insurance
- B/L insurance
- Personnel errors (i.e. incorrect issued documents or customs declarations)
- Cross labelling
- Damages/theft (when cargo is delivered/collected by own personnel and vehicles)
- Damages/theft (when subcontracting delivery/collection)
- Packing insurance (when packed by own personnel)
- Warehouse insurance (items stored under own company control)
- Travel time insurance (if shipment arrives later than agreed with client)

25 SECURITY *

Yes No

After accessing the main entrance door is there a second entry barrier before people can enter the office, operational area or warehouse?

When operating an own warehouse, availability of:

- CCTV (recordable)
- Burglar alarm system
- Burglar alarm system; directly linked to police
- security firm**

26 OFN RELEVANT QUESTIONS *

Yes No

Would you be interested in a regional meeting in addition to the Annual Convention?

2025 2026

Do you (or personnel, travelling for your company) have a hotel group membership?

Those are? Accor Hilton IHG other _____

How many hotel nights has your company booked within the last 12 month? _____ nights

Do you (or personnel, travelling for your company) hire rental cars from car rental companies?

Has your company a rental car membership's agreement?

Those are? Sixt Budget Avis Hertz other _____

How many cars/days is your company renting per year? Number: _____

Are you (or personnel, travelling for the company) a member of an airline frequent flyer membership program?

Those are? Miles and More AA Advantage One World other _____

Have you (or employees, travelling for the company) attended network meetings in the past?

If yes, _____

Do you have any other network memberships than OFN?

Those are? _____