REGISTRATION FORM

New Customer Registration

Software House : GoFreight

Business Information

Company/Forwarder Name:

Headquarters’ Address / Postcode of City:       /

Country:

Website:

**Business Classification:**

**[x]** Forwarder

1. **How many branch offices** will be sending messages to airlines?
2. **Please specify the number of shipments** (Air Waybills) you have per year:
3. Please list your **top airlines** and the percentage of shipments with each one (if possible):
airline:      /percentage:      ; airline:      /percentage:      ; airline:      /percentage:      ;
airline:      /percentage:      ; airline:      /percentage:      ; airline:      /percentage:      ;
4. Do you have any other requirements? (Re-routings, discarding, duplication, mapping etc.):
If yes, please mention which one:
5. Are you connected to any other Cargo Community System (CCS)?
Current provider:
6. Can you support all messages of **all your offices worldwide via a single account**?
7. When would you like to get connected to CHAMP?

Exhibit 1: Freight Agent Branches

1 IATA/CASS are mandatory for proper registration of your offices with Airlines

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IATA****Country****Code** | **Company Name****Address****Postcode City, Country** | **Shipment volume / month** | **IATA/CASS**1 **code** | **Action****(add, modify, delete)** | **Connectivity** |
|       |                ,       |       |       /       | add |       |
|       |                ,       |       |       /       | add |       |
|       |                ,       |       |       /       |   |       |
|       |                ,       |       |       /       |   |       |
|       |                ,       |       |       /       |   |       |
|       |                ,       |       |       /       |   |       |
|       |                ,       |       |       /       |   |       |
|       |                ,       |       |       /       |   |       |
|       |                ,       |       |       /       |   |       |
|       |                ,       |       |       /       |   |       |
|       |                ,       |       |       /       |   |       |
|       |                ,       |       |       /       |   |       |
|       |                ,       |       |       /       |   |       |
|       |                ,       |       |       /       |   |       |

Exhibit 2: e-Communication Services Selection Form

Contacts Information

###### Main Contact

###### Title: [ ]  Mr. [ ]  Ms.

First Name / Last Name:       /

Function:

Department:

Address / Postcode City:       /       (if not the HQ’ address)

(and/or)

P.O. BOX / Postcode City:       /       (only if necessary and available)

Country:

Phone/Fax:       /

Email:

###### Technical Contact

Company: GoFreight (if an external company like a software house)

###### Title: [ ]  Mr. [ ]  Ms.

First Name / Last Name:       /

Function:

Department:

Address / Postcode City:       /

Country:

Phone / Fax:       /

E-Mail: