



الجمعية الوطنية لشركات تموين البواخر

U.A.E National Ship Suppliers Association

P.O.Box 34575 Dubai - U.A.E Tel.: 3452552, E-mail: info@unssa.ae



APPLICATION FORM FOR MEMBERSHIP

We hereby apply for full/Associate membership of the U.A.E National Ship Suppliers Association and declare that the information on this and the following page(s) is true and correct.

We agree to pay admission fee to the association in force at the time of acceptance of this application by the Executive Committee and the annual membership subscription as decided upon from time to time by the Executive Committee.

We have read and agree to be bound by the UNSSA Articles of Association/Byelaws and the ISSA Code of Ethics.

Signed: _____ Date: _____

1. Name of the Company: _____

2. Head Office Address: _____

3. E-Mail: _____ Telex: _____

Telephone(s): _____ Fax: _____

4. Branch Office Addresses: _____

5. Trade License No. & Expiry Date: (Please attach Copy): _____

6. Commercial Registration Certificate No. & Expiry Date (Please attach Copy) _____

7. Name(s) of Proprietor(s) : _____

8. Name(s) of Managing Director(s): _____

9. Form of Organization (Limited etc): _____

10. Categories of business performed: _____

11. Date Ship store business established: _____

12. Do you supply ships directly? _____



تاراملإا -ةيعمجلأا ةينطولأا تاكرشأ نيومت رخاوبلا

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13. In what categories of the ship store trade do you operate?

(Please Tick Box)

Deck

Slop Chest

Engine

Medicines

Cabin/Pantry/Gallery

Provisions

Bonded Stores

Life Raft Service

14. Area size: (a) Office: _____

(b) Warehouse: _____

Are they: (a) Bonded: _____

(b) Refrigerated: _____

15. Number of trucks: (a) Non Refrigerated: _____ (b) Refrigerated: _____

16. Total number of employees: _____

17. Number of Employees in ship supply dept. (if different): _____

18. Name and address of Bankers: _____

19. Are you a member of any other Association(s)? Please list: _____

20. Are you ISO Management Standard Compliant? Please state details: _____

21. **REMARKS- FOR OFFICE USE ONLY**

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BOARD APPROVAL FOR UNSSA MEMBERSHIP

NAME OF COMPANY:

ACTIVITIES:

DATE ESTABLISHED:

	APPLICANT DATA	CRITERIA	COMMENTS
1. NO. OF YEARS IN OPERATION		Minimum 12 Months from Date of License.	
2. NO. OF EMPLOYEES		Minimum 8 Persons	
3. SIZE OF OFFICE & WAREHOUSE		Minimum 5000 SQ FT	
4. VEHICLE FLEET SIZE (FREEZERS & PICK-UP)		Minimum of 4 Vehicles	
5. MANAGEMENT STANDARD ISSO 9002 COMPLIANCE		Within 24 Months from Acceptance of Membership	

UAE NATIONAL SHIP SUPPLY & SERVICES ASSOCIATION



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MEMBERSHIP TYPE:

FULL / ASSOCIATE

REMARKS:

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APPROVALS:

APPROVED/ REJECTED

PRESIDENT

VICE PRESIDENT

SECRETARY

TREASURER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

DATE: _____

U.N.S.S.A.

UAE NATIONAL SHIP SUPPLY & SERVICES ASSOCIATION