



SATT
 15 Scott Bushe Street
 Port of Spain
 Trinidad, W.I.
 Phone: 868-623-3355
 Fax: 868-623-8570
 Website: www.shipping.co.tt

REGISTERED UNDER ORD. NO. 20 OF 1932 ESTABLISHED SINCE 1938

MEMBERSHIP APPLICATION

I. Application for Membership of the Association may be made by any qualified person engaged in Trinidad and Tobago in any of the following businesses described, in the respective groups.

SATT's Membership is divided into three groups under an Executive Council as follows:

- Group A - Shipping Agents, Ship Managers, Ship Brokers, Ship Owners and/or Ship Operators
- Group B - Port, Dock and Terminal Operators
- Group C - Service Companies and individuals, firms, trade unions, corporations and associations who are engaged directly in the maritime or shipping industries in T&T, and whose business does not qualify them for membership in either Group A or B in respect of such business.

A qualified person is a person who is either a citizen of Trinidad and Tobago or a resident of Trinidad and Tobago as defined in Section 5 of the Immigration Act Chap. 18:01 or is a firm, partnership or unincorporated body of which at least one-half of its membership comprises citizens or residents of Trinidad and Tobago or is a corporation incorporated under the laws of Trinidad and Tobago or is an external company within the meaning of the Companies Act 1995 which is registered pursuant to Part V Division 2 of the said Act or is an entity whose membership in the Association, in the opinion of the Executive Council, would be beneficial to the attainment of its Objects.

II. Every application for membership shall be made in respect of one of the groups described in Rule 3, and be supported by two Members of the Association in good financial standing.

The application shall be in writing, signed by the applicant, his proposer and seconder, and shall be in the form set out at Paragraph V of this Rule. The proposer and seconder need not be Members of the Group in respect of which the application is made.

III. A member in good financial standing is a member who is not in arrears with his Subscriptions and/or Levies for over 60 days.

V. Every application shall be made in writing in the following form on the applicant's company letterhead and submitted along with a company profile.

MEMBERSHIP FEES

| | |
|--|--|
| ENTRANCE FEE | TT \$640.00 |
| ANNUAL MEMBERSHIP FEE | TT\$ 4000.00 (Non levy paying company) TT\$ 2000.00 (Levy paying company) |
| LEVIES | |
| Break-bulk /Neobulk: | US\$ 0.07 per ton |
| Break-bulk /Neobulk or (a) Caricom | US\$ 10.00 per vessel |
| Break-bulk /Neobulk or (b) TCL Dock | US\$ 10.00 per vessel |
| Bulk – Liquid & Dry | US\$ 10.00 per vessel |
| Containers (Full Boxes Discharged/Loaded) (Transshipment cargo not included in this cost) | US\$ 1.50 each |
| Passenger Ship Levy | US ½ cent NRT per vessel |
| Port/Terminal Operator | US\$ 10.00 per call |
| NVOCC's/ Freight Forwarders: | |
| (a) 1-3 Company Representations | US\$ 50.00 per month |
| (b) Over 3 Company Representations | US\$ 100.00 per month |

MEMBERSHIP APPLICATION cont'd

To: The General Manager
Shipping Association of Trinidad and Tobago
15 Scott Bushe Street
Port of Spain

Dear Sir/Madam

I/we (Insert Name) of (Insert Company) desire to become a Member of Group (Insert Group) of the Shipping Association of Trinidad & Tobago and I/we hereby agree, if approved for membership, to be bound by the Rules of the Association and by all orders of the Executive Council for which due notice shall be given to me/us in the manner hereinafter provided. The business which I/we carry on and by which I/we are qualified to apply for registration in the aforementioned group is contained in the attached Profile of our Company.

.....
Signed Applicant

.....
Company Stamp

The above named applicant is known to me and in my opinion the application is fit for approval.

.....
Signed {Proposer in good financial standing}

.....
Company Stamp

The above named applicant is known to me and in our opinion the application is fit for approval.

.....
Signed {Secunder in good financial standing}

.....
Company Stamp

Note: This letter MUST be presented on your official letterhead along with a company profile.

Date: _____

Company Information

Registered Name: _____

Registration No. _____

Address: _____

Phone: _____

Fax: _____

Website: _____

Primary Company Representative

Name: _____

Position: _____

Email: _____

Mobile No. _____

Group Category

Group A (Shipping Agents, Ship Managers, Ship Brokers, Ship Owners and/or Ship Operators)

Group B (Port, Dock & Terminal Operators)

Group C (Service Companies & individuals, firms, trade unions, corporations and associations engaged directly in the maritime or shipping industries in T&T, whose business does not qualify them for membership in either Group A or B in respect of such business.)

Alternate Company Representative

Name: _____

Position: _____

Email: _____

Mobile No. _____

1. What business services do you provide?

3. If an Agent, what Lines do you represent? (Group A only)

2. Do you represent any NVOCCs? If Yes, please list.

4. Please list routing of all ports of call.

Print Name

Signature

Affix Company Stamp

Application Approved

Yes

No

For Official Use Only

General Manager

Date