



Your Industry Professional Body – The Cornerstone of Excellence

ICFF – Professional Workforce Partner™ | Application Form

SECTION A: ORGANISATION INFORMATION

1. Registered Company Name:

2. Trading Name (if different):

3. Company Registration Number:

4. VAT Number:

5. Industry Sector: ☐ Freight Forwarding ☐ Customs Brokerage ☐ Logistics & Supply Chain ☐ Transport ☐ Warehousing ☐ Import/Export ☐ Other (specify):

6. Physical Address:

7. Postal Address:

8. Company Website: _____

SECTION B: PRIMARY CONTACT PERSON

1. Full Name: _____

2. Position/Designation: _____

3. Email Address: _____

4. Contact Number: _____

5. Alternative Contact Person (optional): Name: _____

Email: _____ Phone: _____



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SECTION C: ORGANISATIONAL PROFILE

1. Brief Description of Organisation: (Include core services, operational footprint, and years in operation)

2. Number of Employees: Micro ☐ 1–10 Small ☐ 11–50 Medium ☐ 51–150 Large ☐ 150+

{Please submit your organizational workplace profile as per TETA Workplace Skills Plan or Employment Equality plan}

3. Number of Employees Requiring Customs, Freight Forwarding or Supply Chain Professional Development:

4. Current Training & Development Initiatives (if any):

SECTION D: PARTNERSHIP OBJECTIVES

1. Why is your organisation applying for the ICFF Professional Workforce Partnership? (Select all that apply) ☐ Workforce upskilling ☐ Professional certification for staff ☐ Talent pipeline development ☐ Access to ICFF endorsed training programmes ☐ Industry recognition ☐ Other (specify): _____

2. Describe your organisation's training and workforce development goals for the next 12–24 months:



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SECTION E: PARTNERSHIP SCOPE & COMMITMENTS

1. Areas of Partnership Interest: ☐ Professional Certification Programmes ☐ Masterclasses ☐ Learnerships ☐ Graduate/Internship Pipelines ☐ CPD (Continuous Professional Development) ☐ Corporate Training Customisation ☐ Joint Industry Projects ☐ Research & Advisory Support

SECTION F: SUPPORTING DOCUMENTS

Please attach the following:

- ☐ Company Profile
- ☐ B-BBEE Certificate or Affidavit
- ☐ Proof of Registration (CIPC)
- ☐ Tax Clearance Certificate
- ☐ Organisational Structure (optional)
- ☐ Skills Development Plan (if available)

SECTION G: DECLARATION

I, the undersigned, hereby declare that:

- The information provided in this application is true and correct.
- The organisation agrees to comply with ICFF partnership requirements and guidelines.
- The organisation commits to supporting employees participating in ICFF programmes.

Full Name: _____

Designation: _____

Signature: _____

Date: _____



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SECTION H: FOR ICFF OFFICE USE ONLY

Application Received By: _____

Date Received: _____

Status: ☐ Approved ☐ Pending ☐ Declined

Comments:

ICFF Authorized Signatory:

Date:
