



Application Form – Commissioned Logistics & Warehouse Support Program 2024

Country(City)		Branch(aT)	Paris
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Company name		CEO	
Year Established		The number of Total Employer	
Tel		Fax	
Addresse			
The person in charge	Name		C•P
	Position		E-mail

Storage Space & Charges			Annual Turnover		
	Cold	Freeze		Total(USD)	Korean(KRW)
Storage Space(m ²)	m ²	m ²	`21		
Storage Temperature (°C)	°C	°C	`22		
Storage Charge			Certifications		
Taking in and out charge					
			Agro-Fisheries storage	Both Available (Y / N)	

Warehouse Equipment				Risk Management		
	Number of loading docks	Number of forklift truck	Pallet rack availability		Safety education	Accident Insurance
Present condition						
Motivation of Application						
Business information (strength, potential, etc.)						

We, the above mentioned company, hereby submit our application for the Program and declare the information given to be true.

Date :

Company :

Responsible :

(Signature)