



CIFFA PFF Renewal Application Form

Requirements and code of Ethics

1.	Do you currently work for a CIFFA Regular Member company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Have you completed the participation requirements form below? If yes please provide details in the section labelled "Participation Requirements".	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Do you agree to abide by the CIFFA Code of Ethics?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Would you like your name to appear in the Annual CIFFA Membership Directory?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Would you like your name to appear on the CIFFA web-site?	Yes <input type="checkbox"/> No <input type="checkbox"/>

CIFFA PFF's Code of Ethics

Every CIFFA PFF pledges to abide by this professional code of conduct which states as follows:

- The CIFFA PFF must discharge his duties with honesty and integrity
- The CIFFA PFF pledges a standard of competence to his client, to perform in a conscientious, diligent and efficient manner, services undertaken on the client's behalf.
- The CIFFA PFF pledges to hold in strict confidence, all information acquired in the course of the relationship concerning the business and the affairs of his client behalf
- The CIFFA PFF pledges to hold in strict confidence, all information acquired in the course of the relationship concerning the business and the affairs of his client. No such information is to be divulged unless authorized by the client, or required by law.



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PARTICIPATION REQUIREMENTS (One industry related event, and one educational event)

Education Event Name: _____ Purpose: _____ Venue: _____ City/Province: _____ Event Date: _____
Industry Event Name: _____ Purpose: _____ Venue: _____ City/Province: _____ Event Date: _____

<p>DECLARATION</p> <p>I understand and agree that I must renew my PFF designation every year and meet the stated renewal requirements to keep my designation in good standing.</p> <p>I _____ declare that all the above information is offered in good faith, and is true and accurate. I realize that if it is found that any of the above information is untrue or inaccurate; my Professional Freight Forwarder designation may be revoked.</p> <p>_____ Signature _____ Date</p>
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<p>Payment Information for PFF's not employed by CIFFA members</p> <p>Indicate how you would like to pay the yearly \$95 + tax membership fee:</p> <ul style="list-style-type: none">• Make cheque payable to CIFFA and attach to this form• Payment by credit card please call 416-234-5100 ex 5223
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