

POSEIDON PHARMA OCEAN-FREIGHT PROGRAM APPLICATION FORM FOR CORPORATE PARTICIPATION



Instructions:

- < Please type or print
- < Answer questions completely
- < All information provided will be kept confidential
- < Retain a copy for your records
- < Return completed Form to admin@poseidon.team

FOR OFFICE USE ONLY

Application No:	
Date of Receipt:	

The easy way!

A cloud-based version of this Application Form can be accessed by following this link:
<https://tinyurl.com/y9un4lgc>

SECTION 1

Please provide the following information:

Organization Name:	
Division (if applicable:	
Primary Business Address	
Address Line 1:	
Address Line 2:	
City:	
State/Region/County	
Post/Zip Code:	
Country	
Main Business Phone:	
Website Address:	

SECTION 2

Entry to the Poseidon program is subject to the acceptance of two documents by the applicant:

A. The Poseidon Partner Agreement (PPA) This is the document containing the basic rules of governance and terms participant behaviour of all Poseidon participants. Note that this is NOT A CONTRACT. This is a non-legally-binding agreement containing the rules of engagement for all organisations, both shippers and suppliers, that are part of the Poseidon program. The PPA is an overarching 'umbrella' agreement that articulates the essential rules, principles and commitments that are necessary for the creation and maintenance of a strong, stable network; one that is fair, reliable, transparent, principled and trusting. It includes provisions, inter alia, for decision-making, communications, IP matters, dispute resolution, network composition & development etc.

B. Poseidon Competition/Anti-Trust Policy The purpose of this document is to protect the Poseidon program by ensuring that all participants are aware of their anti-trust obligations and to demonstrate that Poseidon is enforcing these obligations. This document requires Poseidon participants to honour their statutory obligations under the prevailing laws and regulations relating to competition/ anti-trust.

(For copies of these documents please e-mail: admin@poseidon.team.com or download from <https://tinyurl.com/ybd52758>)

SECTION 3

DESIGNATED ADMINISTRATIVE CONTACT (DAC)

Please provide the following information for your organization's Designated Administrative Contact.

NOTE: Failure to provide accurate information may result in possible exclusion from program features, notifications, processing, and program participation.

Title (Mr/Mrs/Ms):	
First Name(s):	
Last Name:	
Position:	
Main Location of Work (City):	
E-mail Address:	
Mobile (Cell) Phone:	
Business Phone:	

SECTION 4

POSEIDON COLLABORATION HUB

The secure, cloud-based, Poseidon Collaboration Hub is the prime means of communications between Poseidon participants and on joining Poseidon the DAC together with any other corporate nominees, will be required to register on this platform. The Hub profile of Poseidon contacts will be visible to all other Poseidon partners but note this is not a public platform.

SECTION 5

DECLARATION

I certify, as the Designated Administrative Contact for applicant Company identified in SECTION 1 that the information provided on this Corporate Participation Application is true and correct to the best of my knowledge.

Signature:

Date:

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SECTION 6

To assist in meeting your requirements and expectations it will be helpful if you can provide the information requested in the following cloud-based questionnaire. Note that the provision of this information is NOT a condition of entry to the Poseidon program but will assist us greatly in processing your application.

[Shipper Questionnaire](#)