DISTRIBUTORSHIP APPLICATION FORM

1. NAME………………………………………………………………

2. BUSINESS ADDRESSS………………………………………………

3. GSM……………………..E-MAIL…………………………

TRADING HISTORY AND AUTHORIZATION

Are you a distributor to any Company? If so, give name and category of distributorship, product and the year of your business with them. .................................................................

Your Authorized Representative/Manager’s Particulars.

I) Name…………………………………………..Sign/Date......................
Address…………………………………………………GSM………………

II) Name…………………………………………..Sign/Date………………
Address…………………………………………………GSM………………
For Incorporated or Business registration companies, please attach a copy of your CAC Registration Certificate. Please note that all information in this application will be treated as confidential, but we reserve the right to make enquiries regarding the status of any applicant.

This form is not an offer. Further developments shall be communicated to you in due course.

**UNDERTAKING**

I/We……………………………………………..do hereby undertakes that, if appointed as a distributor I/We shall abide by the all rules and regulation laid down by the company.

Sign……………………………………………Date…………………………………………..

**FOR OFFICIAL USE ONLY**

1. **Report of Area Sales Rep.**
   
i) Facilities Available:
   
   a) Warehouse (size)……………………………………………………………………………
   
   b) Distribution Vehicle(s)…………………………………………………………………..

   ii) Location suitability…………………………………………………………………………

   iii) Survey of current business activity and prospect for our co. products………………

   Sign………………………………………. Date………………………………………………

2. **HMD’S Remark** ……………………………………………………………………………

3. **Recommendation by GM-FGS**…………………………………………………………

4. **Approval by MD**…………………………………………………………………………