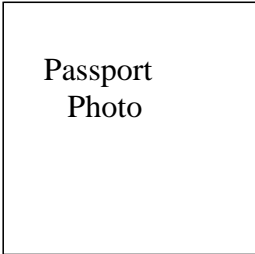


**DEALERSHIP/DISTRIBUTORSHIP REGISTRATION FORM**

**Dealer Status: (please check):**

Category A	<input type="checkbox"/>
Category B	<input type="checkbox"/>
Category C	<input type="checkbox"/>
Category D	<input type="checkbox"/>
Category E	<input type="checkbox"/>



- 1. **Company Name:** -----  
-----
- 2. **Contact Person Name:** -----
- 3. **Date of Birth:**-----
- 4. **Phone No(s); Line 1:**----- **Line 2:** -----
- 5. **Company Address:** -----  
-----
- 6. **Company Email:** -----
- 7. **Date of Commencement of Business:** -----
- 8. **Tax Receipt No:** -----

(Please enclose photocopy of receipt)

- 9. **Territory in which you propose to operate:**  
Town: -----  
District: -----  
State: -----

**10. Type of Business Entity: (please check):**

Sole Proprietorship	<input type="checkbox"/>
Private Ltd Co.,	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Public Ltd Co.,	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

(Please enclose copy of certificate(s))

**11. Full details of:(please check as applicable):**

Proprietor, Partners or Directors

Name	Address and Phone No.	Ownership	Involvement in Company

**12. References:**

S/N	NAME	ADDRESS & PHONE No.	OCCUPATION

I/We ----- certify that the information provided in this form is CORRECT and COMPLETE.

**13. Names and Signatures of Authorized Signatory with Official Seal.**

Name: -----

Signature: -----

Date: -----

(In case of Partnership, all partners should Sign).

## **ADDITIONAL INFORMATION**

### **Requirement**

Prospective Distributors are required to be capable & independent.

In addition, they must present evidence of,

- Strong Financial backing
- Adequate Warehousing
- Functional Distribution Van
- Trained Sales Men

### **Benefits**

- Prompt delivery/Logistics
- Good profit on investments
- Quality Assured
- Rev Up Brand Influence