

PHOTOGRAPH OF
PROPRIETOR OF
BUSINESS

ISSUED DATE: ----- Date.....

DISTRIBUTORSHIP APPLICATION FORM

1. PARTICULARS:

i. Name of Company:-----

ii. Address:-----

iii. How long have you been operating-----

iv. Number of branches (if any):-----

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2. TRADING HISTORY

i. How long have you been in the salt business and allied product? -----

ii. If yes, kindly state the product(s)-----

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iii. Monthly Turnover – **GHS**):-----

3. CAPITAL

i. How much are you ready to invest in this business (Minimum of \$ 50,000).

ii. Do you have financing arrangement with any financial Institution (Bank or Finance House?)

iii. Average monthly turnover for the past six (6) months.

4. LOGISTIC

1. Do you have owned vehicle for distribution? ----- (If yes) state the name (if no) state your plans-----

AUTHORIZATION:

Distributor's Authorized Representative / Manager's particulars.

i Name:-----Sign: -----

Address: -----

Phone Numbers: -----

ii Name: -----Sign:-----

Address: -----

Phone Numbers: -----

iii Name:-----Sign:-----

Address: -----

Phone Numbers: -----

I hereby confirm that our Representative / Manager whose name & signature appears above, is/are authorized to transact business on our behalf with (***** **Limited**).

Authorizer's Name: ----- Sign / Date: -----Position: -----

Telephone No:-----

6. REFERENCES: (If more than one please use separate paper)

i Name of Bank:-----

ii Address:-----

iii How long has the account been operating? -----

iv Do you enjoy any facilities?-----

v Bank reference must be produced by your Company before distributorship approval can be given to you.

7. OTHER REFERENCE: - Can you give two other references in support of your application.

i Name of First reference:-----

Address:-----

Occupation:-----

ii. Second Referee: -----

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iii Address:-----

Occupation:-----

8. PROJECTIONS:

i What is the minimum in quantity that you envisage per month (without credit)-----

ii IMPORTANT: what area do you intend to cover as a distributor / sub distributor
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iii What areas do your wholesaler / sub distributor / customers cover?
Please list in order of the importance to you 1----- 2 -----
-----3-----4-----5-----
-----6-----

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 or application as a distributor. Further development will be communicated to you in due course

9. NAME OF OFFICER / INSTITUTION DISTRIBUTOR COMPLETING THIS APPLICATION:-----

Address:-----


Position: -----**Tel. No:** -----

Date: -----

Signature: -----

10. COMPLETED APPLICATION FORM SHOULD BE RETURNED TO:-

Managing Director
Orasite Consult and Investment Limited

Office
GN-0382-5690 New Dawhenya
POST OFFICE BOX DC 314, DANSOMAN
 0242985875

11. FOR ORASITE CONSULT AND INVESTMENT LTD.

i Date application was dispatched:-----

ii Date application was received:-----

iii Manager's Comment:-----

Signature: - ----- Date: -----

iv. Head of Sales & Marketing Comment: -----

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Signature: ----- Date: -----

v. Controller, Commercial Service Authorization: -----

Signature: - ----- Date: -----

vi. Financial Controller's Comment: -----

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Signature: ----- Date: -----

vii. Managing Director's Comment-----

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Signature: - ----- Date: -----