



# DISTRIBUTORSHIP APPLICATION FORM

PHOTO

## PERSONAL PROFILE

PERSONAL NAME

PERSONAL ADDRESS

LANDLINE TEL NO

GSM TEL NO

## BUSINESS PROFILE

TRADING/BUSINESS NAME

TRADING ADDRESS

NATURE OF EXISTING BUSINESS

NUMBER OF YEARS IN BUSINESS

CURRENT MONTHLY TURNOVER

## QUESTIONNAIRE

DO YOU HAVE A RETAIL (SHOP) STORE?  YES  NO

LOCATION?  MARKET  SHOPPING CENTRE  HOME

VEHICLE AVAILABLE?  YES  NO

TYPE OF VEHICLE?  VAN  BUS  LORRY  TRAILER

BANK DETAILS

AMOUNT OF CAPITAL AVAILABLE

START DATE

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME: \_\_\_\_\_