



Application For Distributorship

I. Company Affiliation

Name: _____

Address: _____

Phone: _____

Contact Person: _____

e-mail: _____

II. Contact person(s)

Name: _____

Address: _____

Phone: _____

e-mail: _____

III. Business experience:

A. Employment (list last 10 years)

1. Company Name: _____

Type of business: _____

Job Description: _____

Dates in business: _____

Address: _____

Phone: _____



2. **Company Name:** _____
Type of business: _____
Job Description: _____
Dates in business: _____
Address: _____
Phone: _____

3. **Company Name:** _____
Type of business: _____
Job Description: _____
Dates in business: _____
Address: _____
Phone: _____

B. Previous distributorship(s)

1. **Business Name:** _____
Type of business: _____
Product: _____
Dates in business: _____
Address: _____
Phone: _____



2. **Business Name:** _____
Type of business: _____
Product: _____
Dates in business: _____
Address: _____
Phone: _____

IV. References (list 3):

1. **Name:** _____
Address: _____
Phone: _____
e-mail: _____
Relationship: _____
2. **Name:** _____
Address: _____
Phone: _____
e-mail: _____
Relationship: _____
3. **Name:** _____
Address: _____
Phone: _____
e-mail: _____
Relationship: _____



V. Contact: Please list a relative as an alternative contact person

Name: _____

Address: _____

Phone: _____

Relation: _____

VI. Banking Affiliations

1. Bank Name: _____

Address: _____

Phone: _____

Contact Person: _____

2. Bank Name: _____

Address: _____

Phone: _____

Contact Person: _____



VII. Questions

1. Are you presently involved in any lawsuit (s)? **Y N**
(If yes please provide explanation on separate page)

2. Have you ever been convicted of a felony or other crime? **Y N**
(If yes please provide explanation on separate page)

3. If you are granted a distributorship do you plan to operate as a
company/corporation or individual? _____

Company/Corporate Name: _____

Is company incorporated/registered? **Y N**
(If yes please provide copy of registration)

Is company involved in any lawsuits **Y N**
(If yes please provide explanation on separate page)

4. What region are you interested in for your distributorship?:

(List in order of preference: 1, 2, 3, 4, 5)

Greater Accra/Volta _____

Eastern _____

Ashanti _____

Central Western _____

Brong _____

VIII. Please provide a detailed resume and any comments on a separate page

IX. Attach a recent passport type photo taken in the last year

Signature

Date