



Banrut Rolls Nig. Ltd.

DISTRIBUTORSHIP APPLICATION FORM

PRIVATE & CONFIDENTIAL

We are pleased that your Company is interested in becoming our Distributor. We are striving to become the leader and the best in our area of specialization.

At Banrut Rolls, we don't just sell our products; we work closely with our Partners (Distributors and Customers) to ensure that they are satisfied with services.

1. Company Name.....
Address:.....
Certificate of Inc. No:.....Date.....
Tel:.....Email:.....
2. Name of Managing Director (s):.....
Tel:.....
Next of Kin.....
Date of Birth:.....Email:.....
3. Contact Person 1.....
Designation:.....Tel:.....
4. Contact Person 2.....
Designation:.....Tel:.....
5. How many Wholesalers/Retailers network do you have?.....
 - i. No of Sales Support staff.....
 - ii. Proposed area of coverage.....
 - iii. Proposed amount of Investment.....
 - iv. Warehouse Facilities (in sq. mtrs).....
 - v. Location of warehouse.....
 - vi. How close is your Warehouse to the main market?.....

vii. Re-Distribution Facility (Vehicles if Any).....

6. Presently dealing in any Competitors product (s)? YES/NO

If yes, provide the following details:

i. How long have you been with the competitor?.....

ii. Competitors Name:.....

iii. In case of our acceptance of your application, what would you propose to do with your existing competitor's product?.....

8. Bank Details:

Name of Bank 1.....

Address.....

Account No:.....

Name of Bank 2.....

Address.....

Account No:.....

Can we contact your Bankers? YES/NO

10. Mode of Payment: Teller.....Draft.....Others.....

Terms and Conditions:

1. You should not sell our products outside the area assigned to you.
2. You should update the Company on activities of our Competitors & market situation from time to time.
3. The minimum amount required is #3,000,000(Three Million Naira Only).
4. You must provide a photocopy of your CAC certificate.
5. You must provide us with a Bank reference from your Banker.
6. You must submit application letter to become a Distributor with this form.
7. You must attached passport photograph of the Company's Managing Director/Proprietor and the Company representative.
8. You must provide photocopy of any of Drivers Licence, National Identity Card or International Passport.

Plot No 19, Cadastral Zone C16, Idu Industrial Layout, P.O.BOX 46 Garki, FCT, Abuja

Email: Banrutrolls@yahoo.com, banrutrolls@banrutgroup.com

08033300940, 08076632277, 08037054501

9. If your application is successful, your performance will determine your status as our Distributor.

10. You must place order within 2weeks of appointment

All correspondence to:

**Plot No 19, Cadastral Zone C16,
Idu Industrial Layout,
P.O. Box 46, Garki, FCT Abuja
08033300940, 08076632277, 08037054501
Email: banrutrolls@yahoo.com, Banrutrolls@banrutgroup.com**

I/we declare that all the particulars and information given in the Application form are true, correct, complete and up to date in all respects and I/We have not withheld any information.

Signature & Stamp.....

Name.....

Designation.....

Date.....

Place.....

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OFFICE USE

- a. **Overall impression of the Applicant: Very Good/Good/Average/Below Average.**
- b. **General Market impression: Very Good/Good/Good/Average/Below Average.**
- c. **Other remarks/Observation:.....**
- d. **Recommended: YES/NO**
- e. **Territory Assigned.....**
- f. **Assigned Registration No:.....**
- g. **Authorised By.....Sign.....Date.....**
- h. **Commencement Date:.....**
- i. **Approved By.....Sign.....Date.....**