



A Member of the Zard Group of Companies

**DISTRIBUTORSHIP APPLICATION FORM**

Affix Passport  
Size Photograph

NAME.....

COMPANY NAME.....

ADDRESS.....

PHONE NUMBER.....

CERTIFICATE OF INCORPORATION No ..... DATE.....  
(Attach a copy of the certificate of Incorporation)

PROPOSED AREA OF COVERAGE.....

OTHER PRODUCTS PRESENTLY HANDLED .....

PROPOSED AMOUNT OF INVESTMENT .....

BANKER'S INFORMATION.....

RE-DISTRIBUTION FACILITY (Vehicles if any) .....

STORAGE FACILITY (In sq. mtrs) .....

ADDITIONAL INFORMATION (If any) .....

**Terms & Conditions**

1. You should not sell our products other than in the area assigned to you.
2. You should update the company on competition & market time to time.
3. You should maintain the order as per the proportion agreed with company.
4. You should lift products as per the agreed intervals with the company.
5. You should co-operate with the promotion team working in your area.
6. All correspondence should be directed to –

No.9, Obafemi Awolowo Road,  
P.O. Box 516, Ibadan,  
Oyo state, Nigeria.  
Phone : 02 2412317 / 717.  
Fax : 02 2410811.

Customer's Seal & Signature .....

Sales Representative's Confirmation .....

Date Submitted..... Date Approved .....

**Marketing Manager**

**Managing Director**