

PaceHeritage Distributor Application Form

1. Company Information:

1. Company Name _____
2. Certificate of Incorporation Number: _____ VAT No. _____
3. Company Type (*please tick*): Partnership__ Sole Proprietor__ Private Limited Liability__
4. Registered office _____
5. Physical Address:
Street _____ City/Town _____ LGA _____
State _____
6. Business Type (*please tick*): Dealer __ wholesaler __ Reseller __ Retailer
7. Number of years in your business _____ years
8. Phone No.() _____ Fax No () _____
9. Company Email _____ Your Email address _____
10. Web Address-URL: www. _____

2. Principals (Owners/Partners, and Principal Officers)

1. Name: _____
2. Name: _____
3. Name of Authorized buyer(s) (*person(s) authorized to place order with PaceHeritage*) _____
4. Authorized buyer phone numbers () _____

3. Real Estate: Physical Business Address (For PaceHeritage activities)

1. Street _____
City/Town _____ LGA _____ State _____
2. Type of Property (*please tick*): Commercial__ Residential__

3. **Is Commercial Activities permitted?** *(please tick):* Yes__No__May be__
4. **Land telephone line** ()_____ **Mobile Phone** ()_____
5. **Any mortgage interest on the property?** *(please tick):* Yes__No__ *(If Yes, please state the name and address of finance company*_____
6. **Owner/Occupier** (Name of Registered Owner_____)
7. **Leased Property** *(If property is on lease or rent, please state name and phone number of landlord*_____)
8. **Number of years at present property** _____years

4. Assets:

1. **Storage** *(Please state the size of your warehouse/cold room in square meters):* Sq Mt_____ or Sq Ft._____
2. **Cold Chain:** *(Please state the number of assets you currently have or plan to own)* Coldroom____ Chest Storage Freezers____ Store Display Freezers_____
3. **Electric Power Supply a. PHCN-No of Phases** *(please tick)* 1 Phase____ 3phase____ Generator(s) Capacity ____KVA
4. **Distribution Facilities:** *(Please state the number of assets you currently have or plan to own)* Freezer Truck(s)____ Van(s)____ Mobile Freezer Carts_____

5. Finance:

1. Name of Bank(s) _____
2. Bank Branch Address _____
3. Type of Account (*please tick*): Current ___ Savings ___ Term Deposit ___
4. Bank Account(s) Number _____
5. Number of Years with the bank(s) _____ years
6. Value of Annual Turnover from distribution or other businesses
N _____

6. Type of Distributor Applied For-Minimum Initial Cash Deposit

- a. Key Distributor (Class A1) - N10million (*please tick*) _____
- b. Major Distributor (Class A2) - N5 million (*please tick*) _____
- c. Distributor (Class A3) – N1.3 million (*please tick*) _____
- d. Distributor (Class A4) – N1 million (*please tick*) _____

7. Type of Reseller Applied For-Minimum Initial Cash Deposit

- a. Reseller- (Class RS I)- N500,000 (please tick)_____
- b. Reseller- (Class RS II)- N400,000 (please tick)_____
- c. Reseller- (Class RS III)- N300,000 (please tick)_____
- d. Reseller- (Class RS IV)- N200,000 (please tick)_____
- e. Reseller- (Class RS V)- N100,000 (please tick)_____

8. Territory Interested (Please state the name of the City or Cities you like to operate your distributorship) **Town** _____ **Local Govt.** _____
State _____

9. Current Staff Structure: (Please indicate your current staff structure)
Administrative___ **Sales/Marketing**___ **Stores**___ **Finance**___ **logistics**
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10. Sales Forecast next six (6) months N_____

I confirm that all the information stated above is correct. (Please tick) Yes

Name: _____

Designation _____

Authorized Signature _____

Signed this _____ *Day of* _____ *2010*

Witness:

Name: _____

Designation: _____

Signature: _____

Date: _____

<i>For PaceHeritage Internal Use Only</i>		
<i>Form Received (date)</i> _____ <i>2010. Checked by</i> _____		
<i>Application: Approved</i>	<i>Date</i>	<i>Initial</i>
_____	_____	_____
<i>Application Declined</i>	<i>Date</i>	<i>Initial</i>
_____	_____	_____

State Reason for Declining _____

