



DISTRIBUTOR REGISTRATION FORM

For Enquiries contact:

SALES & MARKETING DEPARTMENT

Return questionnaire to:

**DIRECTOR- COMMERCIAL
PAINTS AND COATINGS MANUFACTURERS NIG LTD
18/24 AJISEGIRI STREET
SHOGUNLE, OSHODI, LAGOS
KAZEEM@PCMNIERIA.COM**

At the outset, we wish to thank you for completing this questionnaire. The purpose of same is to assist us in effectively assessing applicants who wish to be a Distributor of our Company products.

When considering which Distributors to approve, the Company will consider factors such as: competency, capacity, commitment, cash, cost, consistency, culture, and communication.

It is imperative prospective Distributors read the application carefully, complete it in full and sign it. The Company reserves the right to reject any incomplete application form accompanied by insufficient information.

Instructions to applicants:

1. The application registration form must be completed in full.
2. All required and supporting documentation must be submitted jointly with the form.
3. Attach hard copies of document provided in 1.6 – 1.11 and certificate of business registration.
4. Failure to submit supporting and requested information will lead to your business not being considered.
5. The required information attached hereto is an indication of what information is required for your registration to be accredited and registered without delays.
6. Banking details and authorization for Electronic Transfer of Funds are critical to ensure compliance.
7. Operational Information and Trade Information sections must be completed in full to give the Company an understanding of whether your business has the experience of selling products of a similar nature. Note: Lack of experience will not necessarily invalidate your application.
8. The Financial Information section must be completed to give us an understanding of your business's financial standing. Latest financial statements are required (where possible and upon request) to be supplied with the application. Start up businesses without financial history will also be eligible for application.
9. The Legal Undertaking Section must have each undertaking Initialed in the space provided.
10. The Company reserves the right to validate all information supplied and any misrepresentation of the facts may lead to disqualification and potentially being restricted from doing business with us in the future.
11. A duly completed form together with all supporting documentation must be submitted to the address indicated on the front page.

DISTRIBUTOR APPLICATION REGISTRATION FORM

1. SUPPLIER AND SERVICE PROVIDER GENERAL INFORMATION

1.1 Full Business Name:	
1.2 Type of Business: (Circle applicable)	1. Sole Proprietor 2. Limited Company 3. Public Company 4. Independent Contractor 5. Partnership
1.3 Authorized contracting person:	Name: Email: Telephone:
1.4 Contact person regarding payment:	Name: Email: Telephone:
1.5 Registration Details:	Number: Date of Registration: Actual number of years in operation:
1.6 Business Number:	
1.7 CAC Registration Number:	
1.8 Value Added Tax Number:	
1.9 Withholding Tax Number:	
1.10 Business License Number:	
1.11 Special Permit Details:	
1.12 Registered Address: (City, State, Postal Code, Telephone Number, Fax Number, and key contact person)	

DISTRIBUTOR APPLICATION REGISTRATION FORM

1. SUPPLIER AND SERVICE PROVIDER GENERAL INFORMATION (continued)

Key contact person	Name: Email: Telephone:
1.13 Branch Details: (City, State, Postal Code, Telephone Number, Fax Number and key contact person)	
1.14 Billing Address: (City, State, Postal Code, Telephone Number, Fax Number and key contact person)	
1.15 Business Website:	
1.16 Business Email:	

2. FINANCIAL INFORMATION DETAILS OF THE BUSINESS

2.1 Bank Name:	
2.2 Bank Account Number:	
2.3 Currency:	
2.4 Bank Branch Details: (Full address and contact number)	

3. SOURCE OF FUNDING FOR THE BUSINESS

3.1 How is your business funded?		Personal Funds
		Company Funds
		Banking Facilities

DISTRIBUTOR APPLICATION REGISTRATION FORM

4. REQUESTED PAYMENT TERMS

4.1 Payment Term Proposed:	Upon Delivery
	7 days
	15 days
	30 days
	60 days
	Other: Specify in full
4.2 Method of Payment Proposed:	Direct Transfer
	Cheque
	Cash
	Other: Specify in full

5. ANTICIPATED VOLUMES

5.1 What volume of business would you like to be approved for?	Below N100,000.00
	N 100,000.00 to 1 million
	Above 1 million
	Other: Specify in full
5.2 How many retail outlets do you currently operate?	5.3 How many sales staff do you currently employ?
5.4 What Territory do you wish to become a Distributor in?	
5.5 What capital investment do you intend to make into starting up your Distributorship?	
5.6 Provide the address you wish to operate a Distributorship from:	
5.7 Why do you think this location would be successful?	

DISTRIBUTOR APPLICATION REGISTRATION FORM

5. ANTICIPATED VOLUMES (CONTINUE)

5.8 Do you lease or own this property If you lease, when does your lease end?	
5.9 How close are you located to a main market?	
5.10 How many vehicles do you have dedicated for delivery of products?	
5.11 Do you or have you ever sold any paints or coatings products?	No
	Yes If yes, please provide the brands of the products sold:
5.12 How many years' experiences do you have selling retail products?	5.12 How many years' experiences do you have selling retail products?
5.14 If you currently sell paints or coatings products, when does your current agreement terminate?	5.15 Is there any legal reason why you cannot become a Distributor for our Company?

6. TRADE INFORMATION

6.1 Have you done business with the Company before?		No
		Yes
6.2 If the answer to 6.1 is Yes, what was the nature of the business?		
6.3 Reference Request #1: Please provide full details of a Company which you provided services or supplies to of a similar nature to those proposed by you for the Company:	Full name of the Business:	
	Full address of the Business:	
	Contact Person to ask for Reference:	
	Contact details to ask for Reference:	

DISTRIBUTOR APPLICATION REGISTRATION FORM

6.4 Reference Request #2: Please provide full details of a Company which you provided services or supplies to of a similar nature to those proposed by you for the Company:	Full name of the Business:	
	Full address of the Business:	
	Contact Person to ask for Reference:	
	Contact details to ask for Reference:	

7. LEGAL UNDERTAKING

By Submitting this Application, I, as duly authorized on behalf of the business, undertake and understand the following:	Initial:
7.1 The business is required to obtain and maintain all necessary licenses, approval as may be required under any law, bye-law or regulation as maybe necessary from time to time to perform the services or supplies to the Company.	
7.2 Agrees and understands that it is solely responsible for any Company property once in its custody of the business and as such, will be held fully liable for such property regardless of the cause of damage or loss to the property including but not limited to misconduct, negligence, omissions, criminal involvement and the like.	
7.3 Agrees and understands that it is responsible for any damage to Company property by any employee or appointee of the business and as such, will be held fully liable for such property regardless of the cause of damage or loss to the property including but not limited to misconduct, negligence, omissions, criminal involvement and the like.	
7.4 In no event shall the business or the Company be liable for any loss or damage caused by an event of Force Majeure such as global pandemics, earthquakes, flood, fire or acts of God, terrorism, war or any strikes which are events beyond the control of either Party.	
7.5 The Business agrees that throughout the course of this Agreement, the Business shall ensure that its employees, directors, management, its subcontractors (if approved), agents or any authorized third party, have not and will not be involved in the fiving or receiving of bribes or other corrupt conduct in connection with services or supplies to the Company. In any event, the Business shall always remain responsible for any such consequences, loss or damage resulting from such matters.	

DISTRIBUTOR APPLICATION REGISTRATION FORM

SIGNATURE

Signature:	
Business Name:	
Signee Name:	
Signee Designation:	
Signee Email:	
Signee Telephone:	
Date of Signature:	
Place of Signature:	

REQUIRED DOCUMENTS

Tick those which have been submitted with this Application

DOCUMENTS REQUIRED	BUSINESS TYPE			
	Sole Proprietor	Partnership	Public Company	Limited Company
Company Registration	N/A	Copy of signed Partnership Agreement	Certificate of Registration	Certificate of Registration
Proof of Ownership	Copy of ID	Copy of signed Partnership Agreement	Auditors Confirmation Letter	Auditors Confirmation Letter
Proof of location	Supply Latest Copy of Lease or Invoice for Property Services	Supply Latest Copy of Lease or Invoice for Property Services	Supply Latest Copy of Lease or Invoice for Property Services	Supply Latest Copy of Lease or Invoice for Property Services
Proof of banking	Letter from Bank Confirming Signatories	Letter from Bank Confirming Signatories	Letter from Bank Confirming Signatories	Letter from Bank Confirming Signatories
Tax Clearance	For the owner of business	For the business	For the business	Supply Latest Copy of Lease or Invoice for Property Services
VAT Registration	If applicable	If applicable	If applicable	If applicable
Withholding Tax Registration	If applicable	If applicable	If applicable	If applicable
Workman's Compensation Registration	If applicable	For the business-clearance certificate	For the business-clearance certificate	For the business-clearance certificate
Proof of Registration with Statutory Body or Regulating Authority	If applicable	For the business-clearance certificate	For the business-clearance certificate	For the business-clearance certificate
Copy of Identification	Clear copy required	Clear copy required	Clear copy required	Clear copy required
Nigerian Content Development and Monitoring Board	If applicable	Clear copy required	Clear copy required	Clear copy required