



## APPLICATION FORM FOR DISTRIBUTORSHIP

**NAME:**

**AREA APPLIED FOR:** \_\_\_\_\_

**This application form, once completed, has to be couriered to the following  
Address:**

### **Global Headquarters:**

6525 Bel-crest Road, Suite #519 Hyattsville, MD 20782, USA Tel: +1301-768-4221; Fax: +1-301-768-4254

**Mailing:** P. O. Box 2072 Montgomery Village Post Office, Montgomery Village, MD 20886

### **West African Regional Offices:**

**PH Office:** Km 18, Aba/Port Harcourt Expressway, Port Harcourt, Rivers State, Nigeria

**Lagos Office:** Ikota Shopping Center- Suite E263, VGC- Lekki, Lagos. Nigeria, West Africa  
Tel: +234-803-431-4213; +234-704-132-3131 Fax: +1-301-768-4254

**Email:** Info@goshenservicesgroup.com. **Website:** [www.goshenservicesgroup.com](http://www.goshenservicesgroup.com)

### **Our Bankers:**

Zenith Bank Plc  
Adetokunbo Ademola Branch  
Plot 861A Adetokunbo Ademola Street  
Victoria Island, Lagos, Nigeria  
Tel: +234-1-4546-241



## **A. DETAILS OF THE COMPANY / FIRM**

- ❖ Name:
- ❖ Office Address:
- ❖ Tel:
- ❖ Fax:
- ❖ Email:
- ❖ Corporate Status: Public Ltd. / Pvt. Ltd. / Partnership / Proprietary.
- ❖ Established Since:
- ❖ Name (s) of the Managing Director:
- ❖ Name of Working Partners / Proprietor:
- ❖ Residence Address (es) and Tel. Nos. Of the Managing Director/ Working Partners /Properties:
  - ❖
  - ❖
  - ❖
  - ❖
- ❖ Person handling day to day operations:

## **B. SHOWROOM**

- ❖ Location:
- ❖ Telephone:
- ❖ Size / Area:
- ❖ Details of Branch Office (s):





## F. BUSINESS DETAILS

- ❖ Date of Commencement o Business:
  
- ❖ Details of Existing Business (s):
  
- ❖ How many Clients network in operations (Nos.):
  
- ❖ Do you have any vehicle to supply the material to Clients: Yes / No - Make:
  
- ❖ Presently dealing in any competitors product (s): Yes / No
  
- ❖ If yes, provide following details?
  1. Year of start of operation of competitor product (year):
  2. Competitor's name (s):
  3. In case of acceptance of our proposal, what would you propose to do with your existing competitor product?
  
- ❖ Please list contacts or experience you have dealing with **OEM companies**:
  - From: \_\_\_\_\_ To: \_\_\_\_\_
  - Name of the Company:
  - Address:
  - Contact Name:
  - Describe the business relationship:
  
- ❖ Please list other contacts relevant to this Industry
  1. From: \_\_\_\_\_ To: \_\_\_\_\_
    - Company Name:
    - Address:
    - Type of Business: Duration:
    - Contact's Name:
    - Describe the business relationship:



- ❖ Other Business information specific to Protective wear, Retail or Wholesale Business
  - Type of Business: Years:
  - Type of Business: Years:
  
- ❖ Trade References / Business References (NAME, ADDRESS AND CONTACT DETAILS)
  1. ....
  2. ....
  3. ....

## G. GENERAL

- ❖ Were you ever a Distributor or a Dealer of our company?: Yes / No
  
- ❖ Reasons for Giving up the Distributorship / Dealership:
  
- ❖ Are you associated with any of company in our Group?: Yes / No
  
- ❖ If yes, please give details:

## H. TERRITORY

- ❖ State / Market territory of Present Business: Western/Southern/Northern/Eastern/Other (circle one)
- ❖ If other, please provide details \_\_\_\_\_
  
- ❖ Territory desired for selling our Products: Same or Different?

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_ Rubber Stamp / Company Seal



### FOR OFFICE USE

- a. **Overall Impression of the Applicant:** Very Good / Good / Average / Below Average
- b. **General Market Impression:** Very Good / Good / Average / Below Average
- c. **Other Remarks / Observations:**
- d. **Recommended:** Yes / No
- e. **State / Market Territory Assigned:**
- 

**Proposed By:**      **Date:**

**Approved By:**      **Date:**



**Applicant must sign this page**

**Applicant hereby certifies warrants and acknowledges to GOSHEN INTEGRATED SUPPLIES LTD. ("the company" / "GISL") that:**

- 1. The applicant has made full disclosure of all the information required in this application and all information requested of, and given by, the applicant and contained herein is true and correct in each and every particular.**
- 2. The applicant is not suffering from, or is aware of, any legal disability that would prevent the applicant from being appointed by the company as an Authorized GISL Distributor.**
- 3. By submitting this application, the applicant has indicated to the company that he/she shall be in no way obliged or bound to accept an offer of appointment as an authorized GISL Distributor from the company and that the contents of this application shall be information of a confidential nature.**
- 4. A Registration Fee of N50, 000 must be submitted with this application made payable to Goshen Integrated Supplies Limited, if you are not approved, the money will be fully refunded.**

**Name of Applicant: .....**

**Signature of Applicant: .....**

**Date: .....**

**Last date for receipt of completed form:**

**Details of enclosure (s) attached (nos.):**