

I, do hereby declare that the information furnished above is true to the best of my knowledge and belief.

Signature & Date:.....

PLEASE ATTACHED SPECIMEN SIGNATURE OF DISTRIBUTORS STAFF RESPONSIBLE STAFF

SEE ANNEXTURE 1

FOR OFFICE USE ONLY

RSM / FSM Comments
(To cover the market reputation, Dealer's potential, Dealer's personal back ground etc.)

Date: Proposed Credit Limit:

Credit Limit Approval:

DM

GMS

SMD

CA

Approved Not approved Reason (if not approved):

.....
RSM/FSM

.....
DIVISIONAL MANAGER

.....
GM - SALES

.....
SMD

IC&A VERIFICATION / COMMENT:

The following must be attached to this form

Check List:

- 1. Agreement Form
- 2. Letter of Application
- 3. Certificate of Incorporation
- 4. Form C02 & C07
- 5. Certificate of Registration/Retention of Distribution/Wholesale Premises
- 6. Annual License to Practice as Pharmacist
- 7. Photographs of two Directors.
- 8. Valid Photo ID's of two (2) Directors (Which must include MD)

ANNEXTURE 1

SPECIMEN SIGNATURE OF DISTRIBUTORS STAFF RESPONSIBLE FOR ISSUING LPO

S/N	.STAFFNAME	DESIGNATION	SIGNATURE
1			
2			
3			
4			
5			

SPECIMEN SIGNATURE OF DISTRIBUTORS STAFF RESPONSIBLE FOR ACKNOWLEDGING WAYBILL

S/N	.STAFFNAME	DESIGNATION	SIGNATURE
1			
2			
3			
4			
5			