



## DISTRIBUTORSHIP APPLICATION FORM

*PRIVATE & CONFIDENTIAL*

We are pleased that your Company is interested in becoming our Distributor. We are striving to become the leader and the best in our area of specialization.

1. Company Name.....  
Address:.....  
Certificate of Inc. No:.....Date.....  
Tel:.....Email:.....
2. Name of Managing Director (s):.....  
Tel:.....  
Next of Kin.....  
Date of Birth:.....Email:.....
3. Contact Person 1.....  
Designation:.....Tel:.....
4. Contact Person 2.....  
Designation:.....Tel:.....
5. How many Wholesalers/Retailers network do you have?.....
  - i. No of Sales Support staff.....
  - ii. Proposed area of coverage.....
  - iii. Proposed amount of Investment.....
  - iv. Warehouse Facilities (in sq. mtrs).....
  - v. Location of warehouse.....
  - vi. How close is your Warehouse to the main market?.....

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### Dalda Foods Europe

Head Office: Av. Del Maresme 124, 3-8, 08918, Badalona, Barcelona, Spain Telephone: 00 34 930 319 200  
Email: [info@daldafoods.es](mailto:info@daldafoods.es) URL: <http://daldafoods.es/>

vii. Re-Distribution Facility (Vehicles if Any).....

6. Presently dealing in any Competitors product (s)? YES/NO

If yes, provide the following details:

i. How long have you been with the competitor?.....

ii. Competitors Name:.....

iii. In case of our acceptance of your application, what would you propose to do with your existing competitor's product?.....

8. Bank Details:

Name of Bank 1.....

Address.....

Account No:.....

Name of Bank 2.....

Address.....

Account No:.....

Can we contact your Bankers? YES/NO

10. Mode of Payment: Teller.....Draft.....Others.....

### **Terms and Conditions:**

1. You should not sell our products outside the area assigned to you.
2. You should update the Company on activities of our Competitors & market situation from time to time.
3. The minimum amount required is **100,000 € (One Hundred Thousand Euros Only)**.
4. You must provide a photocopy of your CAC certificate.
5. You must provide us with a Bank reference from your Banker.
6. You must submit application letter to become a Distributor with this form.
7. You must attached passport photograph of the Company's Managing Director/Proprietor and the Company representative.
8. You must provide photocopy of any of Drivers Licence, National Identity Card or International Passport.

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9. If your application is successful, your performance will determine your status as our Distributor.

10. You must place order within 2weeks of appointment

I/we declare that all the particulars and information given in the Application form are true, correct, complete and up to date in all respects and I/We have not withheld any information.

Signature & Stamp.....

Name.....

Designation.....

Date.....

Place.....

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#### OFFICE USE

- a. **Overall impression of the Applicant: Very Good/Good/Average/Below Average.**
- b. **General Market impression: Very Good/Good/Good/Average/Below Average.**
- c. **Other remarks/Observation:.....**
- d. **Recommended: YES/NO**
- e. **Territory Assigned.....**
- f. **Assigned Registration No:.....**
- g. **Authorised By.....Sign.....Date.....**
- h. **Commencement Date:.....**
- i. **Approved By.....Sign.....Date.....**

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