



DISTRIBUTORSHIP REGISTRATION FORM

We are pleased that your company is interested in becoming our Distributor in your area. Please complete this form correctly.

1. PARTICULARS OF THE APPLICANT (Please tick/underline as appropriate)

Sole Proprietorship Partnership/Company

COMPANY NAME

PHONE **EMAIL ADDRESS**

CONTACT PERSON

POSTAL ADDRESS

GPS ADDRESS

CITY **REGION**

THICK YOUR TARGET CUSTOMER BASE

(HOSPITALS/ PHARMACY SHOPS/ INDIVIDUAL CONSUMERS)

GEOGRAPHICAL COVERAGE

.....

2. a. AUTHORIZATION
 Authorized rep/ Manager's particulars

b. AUTHORIZATION
 Authorized rep/ Manager's particulars

Name:

Phone No.:

Address:

.....

Name:

Phone No.:

Address:

.....

Signature and Date

*Passport Picture of
company
Representative/
Manager*

Signature and Date

*Passport Picture of
company
Representative/
Manager*

I/ we hereby confirm that our representative/manager whose passport photograph is affixed above, is authorized to transact business on our/ my behalf with COA Research and Manufacturing Company Limited

3. BUSINESS OWNER/ PROPRIETOR/ MANAGING DIRECTOR’S INFORMATION

Title & Name:

Address:

Email:

Phone Number (s):

TERMS AND CONDITIONS

- **PAYMENT TERMS 60% ADVANCE**
- **WE DO NOT AUTHORIZE CASH TRANSACTIONS WITH OUR SALES PERSONNEL AND YOU WILL BE SOLELY RESPONSIBLE FOR SUCH TRANSACTIONS AND LIABILITIES ARISING OUT OF THESE.**
- **STORAGE CONDITION SHOULD BE IN COMPLIANCE WITH THE STATUTORY REQUIREMENT AS WELL AS THE NATURE OF MEDICINE**
- **SHORT EXPIRY HAS TO BE INFORMED EARLIER ON TIME**
- **THE COMPANY (COA-RMCL) IS AUTHORIZED TO APPOINT NEW ADDITIONAL STOCK LIST AS PER THE NEEDS OF YOUR BUSINESS.**

I/ we hereby certify that the information provided on this form is accurate, agree to the above and promise to comply with all the above-mentioned terms.

Signature and Date

4. GUARANTORS

1ST Guarantor's particulars

Name:

Phone No.:

Address:

.....

Signature and Date

Passport Picture of
Guarantor

2nd Guarantor's particulars

Name:

Phone No.:

Address:

.....

Signature and Date

Passport Picture of
Guarantor

5. DOCUMENTS TO BE ATTACHED WITH THE FORM

- a. International Passport or Voter ID or National Identity Card of authorized rep/ Business owner and Guarantors
- b. Certificate of Company Registration for Registrar General Department (*for registered companies only*)

DISCLAIMER

This Application form (The Form) is and remains the property of COA Research and Manufacturing Company Limited. Our organization accepts no liability for the dissemination of information provided on this form, or the consequence of any action taken on the basis of the information provided.

Prospective clients should note that any information provided on The Form shall be subjected to further rigorous checks and the result of which may lead to the withdrawal of distributorship rights previously conferred upon the initial background check. Please be informed that the completion of The form does not create a contractual obligation on either party.

FOR OFFICIAL USE ONLY

Verification Officer

Name:

Signature and Date

Approving Officer

Name:

Signature and Date