

**Aquadam Distribution/Installer Application
REQUEST FOR CONSIDERATION
CONFIDENTIAL QUESTIONNAIRE**

(TO BE COMPLETED BY EVERY PROSPECTIVE DISTRIBUTOR/INSTALLER)

Please Note: Completion of this document does not obligate either party in any way whatsoever.

Company Details:

Company name: _____

Company Registration Number: _____ Vat Number: _____

Nature of business: _____

Established: _____ Gross annual turnover: _____

Number of employees: _____

Directors: _____

Directorships held in other companies: _____

Company/Applicants Details:

Surname: _____

First names: _____

Nationality: _____ Identity No.: _____

Company Postal address: _____

Company Street address: _____

State how long has the company been at this address: _____

Tel. (Office): _____ (Other): _____

Cellular: _____ (Fax.): _____

E-mail address: _____ Web Address:www. _____

Work/Project history (3 latest projects):

Company 1: _____ Date: _____

Project: _____ Project Value: _____

Provide the name person for reference

Name: _____ Tel.No. _____

Company 2: _____ Date: _____

Project: _____ Project Value: _____

Provide the name person for reference

Name: _____ Tel.No. _____

Company 3: _____ Date: _____

Project: _____ Project Value: _____

Provide the name person for reference

Name: _____ Tel.No. _____

Company bank details:

Bank: _____ Branch: _____

Account number: _____ Type of account: _____

Building society: _____ Branch: _____

Account number: _____ Type of account: _____

Have you ever had a judgement against you? : _____

I hereby authorise (Aquadam CC.) to conduct the necessary credit or ITC checks as well as reference checks.

Signature _____ Date: _____

SECTION 2.

Cash available for investment purposes: _____

State total amount of liabilities: _____

How much money do you need for your monthly obligations: _____

Total Personal Assets and Liabilities

Assets		Liabilities	
Cash In Bank and Savings	R	Bank Overdraft	R
Property	R	Bond No. _____	R
Motor Vehicles	R	Motor Vehicle Loans	R
Shares	R	Rent and Services	R
Money Due To You	R	Credit Cards	R
Pension/Provident Fund	R	H.P. Contracts	R
Other -	R	Taxes	R
Other -	R	Other -	R
Other -	R	Other -	R
TOTAL ASSETS	R	TOTAL LIABILITIES	R

SECTION 3.

DISTRIBUTOR/ INSTALLER

Why do you want to become a distributor/installer for Aquadam?

Why do you think you will succeed? :

Where do you wish to operate your business? : _____

If this territory is no longer available, are you prepared to relocate? : _____

Do you propose to operate the business hands-on or employ a manager? : _____

Is your time fully committed to the business? : _____

Do you plan to have a partner in the business? : _____

Assuming you are accepted, when could you start trading? : _____

Additional comments you wish to make to strengthen your application (optional):

DECLARATION BY APPLICANT:

I have completed the above application to the best of my ability. At this stage, I do not bind myself in any way whatsoever. I further understand that, should I be accepted as a Aquadam Distributor on the basis of information contained herein and should this information prove to be false in any material respect or that I have withheld essential facts this may cause termination of the Voluntary Buying Group Membership.

Date: _____ **Signature:** _____