



DISTRIBUTORS: APPLICATION FORM

Note: All sections must be completed

DATE:

Section A: The Distributors Information

Name & Surname			
ID Number			
Physical address			
Province			
Company Name			
Contact Person	Name		
	Designation		
	Tel Number		
	Cell Phone Number		
	Fax Number		
	Email Address		
MARKETING & DISTRIBUTION	R 14 550 50 Slaughtered rabbits	1 WEEK	

REQUIRED EQUIPMENT & MATERIAL

DESCRIPTION	TICK
COMMERCIAL DEEP FREEZER : TO LOAD 50 TO 1000 RABBITS	
COLD ROOM :2,5 BY 3M	
PPE AND SANITATION	
COLD TRUCK	

SIGNATURE:

Distributor

FOR OFFICE USE	APPROVED	
	NOT APPROVED	