

Distributor Form

I. Company Information

1. Company Name (in English) : _____
Country : _____ City located : _____
2. Office Address (in English) : _____

3. Office Tel : _____ Office Fax : _____
4. Office E-Mail : _____ Company Website : _____
5. Year of Establishment : _____ Business Registration No. : _____
6. Company Registration No. (CR No.) : _____
Date of Incorporation : _____ No. of Staffs : _____
Annual Turnover (US\$) : _____ Target Markets : _____

II. Contact Particulars

- Name of Principal (please underline the family name) : Mr / Ms / Mrs _____
- Job Title : _____
- Direct Tel. : _____ E-Mail : _____

III. Company Details

1. Nature of Business :
- Service Co. Retail shop Project Distribution Buying Office Import Agent
- Mail Order Co. Chain Store Dept Store Wholesaler e-tailer Shopping Mall
- Other (please specify) : _____
2. Major Product/ Service : (Please state the products/ service sectors which your company deals with, including brands handled.)
- _____
- _____

Name : _____ Signature : _____

Title : _____