

**MAX AGRO VENDOR REGISTRATION FORM**

| <b>Section 1: Company Details and General Information</b> |                   |                    |                               |               |                     |                      |           |
|---|-------------------|--------------------|-------------------------------|---------------|---------------------|----------------------|-----------|
| Name of Company   |                   |                    |                               |               |                     |                      |           |
| Vendor Location   |                   |                    |                               |               |                     |                      |           |
| Type of Business Entity:                                  | a) Public Limited | b) Private Limited | c) Partnership Firm           | d) Individual | e) Proprietary Firm | f) Co-operative Firm | g) Others |
| Names of Director/ Partner/ Proprietor/ Individual        |                   |                    |                               |               |                     |                      |           |
| 1.....  |                   |                    |                               |               |                     |                      |           |
| 2.....  |                   |                    |                               |               |                     |                      |           |
| 3.....  |                   |                    |                               |               |                     |                      |           |
| 4.....  |                   |                    |                               |               |                     |                      |           |
| <b>Contact Information</b>                                |                   |                    |                               |               |                     |                      |           |
| Registered Office (Address)                               |                   |                    | Branch Sales Office (Address) |               |                     |                      |           |
| Contact Person  |                   |                    | Contact Person                |               |                     |                      |           |
| Designation   |                   |                    | Designation                   |               |                     |                      |           |
| Phone   |                   |                    | Phone                         |               |                     |                      |           |
| Email   |                   |                    | Email                         |               |                     |                      |           |
| Factory 1 (Address)                                       |                   |                    | Factory 2 (Address)           |               |                     |                      |           |
| Contact Person  |                   |                    | Contact Person                |               |                     |                      |           |
| Designation   |                   |                    | Designation                   |               |                     |                      |           |
| Phone   |                   |                    | Phone                         |               |                     |                      |           |
| Email   |                   |                    | Email                         |               |                     |                      |           |
| Please specify the address for Payment Communications     |                   |                    |                               |               |                     |                      |           |
| Name:   |                   |                    |                               |               |                     |                      |           |
| Designation:  |                   |                    |                               |               |                     |                      |           |
| Mobile:   |                   |                    |                               |               |                     |                      |           |

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| Section 2: Technical Capability and Commercial Information |                                      |                                      |  |
|--|--------------------------------------|--------------------------------------|--|
| Nature of Business (Tick all that applies)                 | a. Farmer                            | e. Commission Agent                  |  |
|  | b. Merchant                          | f. Wholesaler                        |  |
|  | c. Processor                         | g. Distributor                       |  |
|  | d. Exporter                          | h. Others                            |  |
| Approximate Turnover in Last Fiscal Year 20__              |                                      |                                      |  |
| Top 4 Customers in Nigeria During the last Financial Year  |                                      |                                      |  |
| S/N  | Company Name                         | Location                             |  |
| 1  |                                      |                                      |  |
| 2  |                                      |                                      |  |
| 3  |                                      |                                      |  |
| 4  |                                      |                                      |  |
| List of Products and Quality Standards:                    |                                      |                                      |  |
|  |                                      |                                      |  |
| Payments   |                                      |                                      |  |
| Type of Purchase   | a. Outright <input type="checkbox"/> | b. Advanced <input type="checkbox"/> |  |
| For advanced payment, list your payment guarantee options  |                                      |                                      |  |
| Lead time before fulfilling order (List as per product)    |                                      |                                      |  |
| Bank Details   |                                      |                                      |  |
| Bank name  |                                      |                                      |  |
| Bank branch address  |                                      |                                      |  |

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|                             |  |
|-----------------------------|--|
| <b>Account name</b>         |  |
| <b>Bank account number</b>  |  |
| <b>Type of Bank Account</b> |  |

Declaration

We hereby certify that the information provided is true.

Name.....

Signature.....

Designation.....

Date & Place .....

Company Seal

**Please provide the following:**

1. A copy of your company's Certificate of Incorporation
2. 500gr - 2kg of each product offered
3. Previous test analysis of each product
4. Pictures of your warehouse and facilities

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