

# INTERNATIONAL DISTRIBUTOR APPLICATION FORM

Kindly complete and send the application to:  
 Ms Zantea van Zyl  
 Sales & Marketing Coordinator  
 Email: zantea.vanzyl@lodox.com  
 Mobile: +27 84 038 1802

CONTACT DETAILS	
Company Name	
Address	
Contact Person	
Telephone	
Cell Phone	
Fax	
Email	
Website	

COMPANY PROFILE					
Company Profile	Company history:				
	Head office location:				
	Owners of the business:				
	Main business activity:				
Company Profile Attached		Yes:		No:	
Management Structure	Organogram Attached	Yes:		No:	
Number of Personnel	Sales & Marketing:				
	Administrative:				
	Service & Maintenance:				
	Medically Qualified:				
Experience and Expertise of Sales & Marketing and Service & Maintenance Divisions					
Subsidiaries/Branches					

Countries/Regions you represent or wish to grow into	
Manufacturers you represent	
Products/Services provided	
Expertise in Medical Industry	
Key Relationships held in the Medical Industry	
Annual Turnover	

COMPLIANCE				
Is your company certified?		Yes:		No:
	If yes, please attach the certificate for reference.			
If your company is not certified, do you have a quality management system?				
Please add a process flow, or short description or reference to your country-specific requirements for medical device licensing.				

PROPOSAL	
How would you introduce Lodox into the market?	No less than 200 words
How many resources will you make available to introduce Lodox to the market?	
What is the total market potential?	

What share of the market do you expect to gain within the next three (3) years?			
Main Sales and Marketing Activities you undertake			
What differentiates you from competitors?			
Please provide two (2) contactable references.	Name		
	Job Title		
	Email		
	Telephone		

OTHER	
Any additional comments	