

INTERNATIONAL DISTRIBUTOR APPLICATION FORM

Kindly complete and send the application to:

Email: sales@lodox.com

Office: +27 11 444 9118

CONTACT DETAILS	
Company Name	
Address	
Contact Person	
Position / Role	
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	Sales & Marketing Divisions:				
	Service & Maintenance Divisions:				
Subsidiaries or Branches					

Countries or regions you represent or wish to grow into		
Manufacturers you represent		
Products and/or services provided		
Expertise in medical industry		
Key relationships held in the medical industry		
Company Financials	Annual Turnover	
	Audited Financial Statements 2-3 Years	

COMPLIANCE					
Certification	Is the 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, 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.	
	To attend to after-sales service and support.	
What is the total market potential?		
What share of the market do you expect to gain within the next three (3) years?		
Describe the main Sales and Marketing Activities you undertake.		
What differentiates you from competitors?		
Please provide two (2) contactable references.	Name	
	Job Title	
	Institution	
	Email	
	Telephone	

OTHER	
Any additional comments	