**Marking Guide Entrepreneurship 845/1 - 2016**

1. **Invoice to be used**

**……………………. PHAMARCY**

**P.O. BOX 145 KAMPALA TEL. 0712400300**

**“Dealers in General Medicine & Drugs”**

Date: …………………….

No. …………..

LPO. No. ………………..

TO: …………………………………………………………………….

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO** | **Description** | **Quantity** | **Unit Price** | **Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **E&E** | **Total** |  |  |  |

**Shillings:**

………………………………………………………………………………………………………………………………………………………………………………

**Prepared by:**

……………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………..

**SALES MANAGER**

**INVOICE**

sHILSNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN

**Any 12 x½ = 06 marks.**

**b. A Poster for the Business**

***NEW* MAVID PHAMARCY*NEW***

P.O. BOX 80 Kampala Tel. 0796700800

Dealers in General Medicine & Drugs

Located on Kampala Road

We have all types of Drugs

**HEALTH IS LIFE HEALTH IS LIFE**

**2 METRERS**

**Any 7x1=7 Marks**

**C. A Questionnaire for the Business**

**MAVID Pharmacy**

**P.O. BOX 80 Kampala** Tel. 0796700800

**Dealers in General Medicine & Drugs**

**QUESTIONNAIRE**

Dear Respondent you are kindly requested to fill this questionnaire. The information collected will be used to help us understand your needs in our effort to serve you better. We promise to treat collected information confidentially.

1. Name of Customer (Optional) ………………………………………………..
2. Sex
3. Age Residence
4. Income a) ………….. b)Medium ……………………. c) High
5. Do you receive our services? Yes ……………… No ………………………….
6. If Yes, where do you receive it from? …………………………………………..
7. How did you come to know about the existence of the above facilities? …………………………….
8. Have you ever got medicine from Mavid Phamarcy?...............................................................
9. If yes, how did you find our services?.......................................................................................
10. What is your comment about our prices………………………………………………………………………………

Any 10X1/2=5 marks

A

d). Ways of motivating workers

* Fair and timely pay
* Favourable employment

Promotion Prospects. Ways of motivating workers

* Fair and timely pay
* Favourable employment terms
* Promotion prospects
* Provision of adequate and timely recommendations where necessary
* Involvement in decision making
* Effective performance appraisal’s
* Good working conditions
* Providing job training where necessary
* Providing fringe benefits
* Attending to employees problems/concerns

**Any 7X1=7Marks**

1. Capital = Total Assets-Total Liabilities

(3,200,000+2,400,00+1,800,000+1,200,000+4,000,000+4,320,000) – (2,000,000 + 1,600,000 + 800,000+300,000)

**= Shs. 12,320,000**

b. **Birungi and Kitimbo Balance Sheet as at 31st December 2014**

Shs. Shs.

**Fixed Assets** **Capital**  12,320,000

Motor Vehicle 3,200,000 **Liabilities**

Buildings 4,000,000 Bank Loan 2,000,000

Furniture & Fittings 4,300,000 Creditors 1,600,000

**Current Assets** Bank Overdraft 800,000

Stocks of goods 2,400,000 Accrued 300,000

Debtors 1,800,000

Cash at Hand 1,200,000

**Calculate**

C(i). Current Ratio

= Current Assets

Current Liabilities

= 5,400,000

2,700,000

=2:1

(ii). Quick Ratio = Current Assets – Stock = Current Assets

Current Liabilities

= 5,400,000 – 2,400,000

2,700,000

=1:1

iii. Capital Employed

= Fixed Assets + Working Capital

11.520,000 + 2,700,000

**= Shs. 14,220,000**

1. a) Purchase order form to be used

**DONGOM Sugar Works Ltd**

**P.O. BOX 100 Masindi Tel. 0777003300**

***“Dealers in Quality Sugar Production”***

Date 12th May 2015

Purchase Order No. 412

Quotation Ref. No. 176

To: Tibendena Sugar Grower

P.O. BOX 420 Entebbe

Please Supply the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO** | **DESCRIPTION** | **QUANTITY** | **UNIT PRICE** | **AMOUNT (SHS)** |
| 1 | Tonnes of Sugar Cane | 10 | 200,000 | 2,000,000 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **TOTAL** |  |  | **2,000,000** |

Terms: Suggested date of delivery

Cash on Delivery 20th May 2015

Prepared by: Akiki Mothoni

**Purchases Manager**

**Purchase Order Form**

Purchase Order Form

To: Nakalyango Sugar Growers

Terms : Suggested Date of Delivery

Cash on Delivery

Prepared By: GyttonAwany 20th May 2015

Share Certificate to be issued to the share holders

KIBUUKA SUGAR WORKS LTD

P.O. BOX 144 MUBENDE TEL. 0772422142

Dealers in Quality Sugar Production

Certificate No.

b. A Share Certificate to be issued to the business share holders

Any 12X1/2=6marks

**3b) Share certificate to be used**

**DONGOM Sugar Works Ltd**

**P.O. BOX 100 Masindi Tel. 0777003300**

***Dealers in Quality Sugar Production***

This is to certify that ……………………………………………………………………………………………… of ………………………………………… is a registered share holder of :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Ordinary shares of ………………………………………….. each fully paid in the aboveCompany subject to the Memorandum and articles of Association thereof.

|  |  |  |
| --- | --- | --- |
| **Date** | **Transfer No** | **No of Shares** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

For and on behalf of DONGOM Sugar works

…………………………………………………….

**Seal**

**Company Chair person**

c. Factors consideredin selectingthe advertising media to be used in my business

* Cost of the Medium
* The economic group to which the medium appeals
* The age group to which the medium appeals
* The Social Class to which the medium appeals
* Speed and urgency of information
* The geographical area to be covered by the medium
* Media used by the competitors
* Availability of the medium
* Channels of distribution
* The nature of the product

**Any 5X1=5 Marks**

d. Factors considered before choosing the location of the business:

* presence of raw materials e.g. sugar cane plantations
* Existence of labour i.e. both skilled and unskilled
* Accessibility of transport and communication network
* Availability of premises/land to be rented/hired/purchased
* General government policy on location of business
* Presence of adequate market for business products
* Presence of adequate security in the area
* Availability and access to water and power
* Availability of business support services e.g. banks

**Any 7X1=7 Marks**

**Dongom’s Three Column Cash Book**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | for the month of January 2015 | | |  |  |  |  |  |  |  |  |
| DR. |  |  |  |  |  |  |  |  |  |  | CR |
| Date | Details | F | Disc allowed | Cash | Bank | Date | Details | F | Disc allowed | Cash | Bank |
| 2015 |  |  | Shs | Shs | Shs | 2015 |  |  | Shs | Shs | Shs |
| Jan 1st | Capital |  |  | 600,000 |  | Jan 2nd | Purchases |  | 40,000 | 360,000 |  |
| 9th | Sales |  | 6,000 | 114,000 |  | 4th | Furniture |  |  | 100,000 |  |
| 12th | Cash | c |  |  | 150,000 | 6th | Carriage |  |  | 20,000 |  |
| 14th | Sales |  | 4,750 |  | 90,250 | 12th | Bank | c |  | 150,000 |  |
| 16th | Sales |  |  | 50,000 |  | 17th | Electricity |  |  |  | 20,000 |
| 19th | Sales |  |  | 100,000 |  | 20th | Purchases |  | 600 |  | 29,400 |
| 23rd | Bank |  |  | 75,000 |  | 21st | Stationary |  |  | 15,000 |  |
|  |  |  |  |  |  | 23rd | Cash | c |  |  | 75,000 |
|  |  |  |  |  |  | 24th | Wages |  |  | 15,000 |  |
|  |  |  |  |  |  | 30th | Drawings |  |  |  | 25,000 |
|  |  |  |  |  |  |  | Balance c/d |  |  | 279,000 | 90,850 |
|  |  |  | 10,750 | 939,000 | 240,250 |  |  |  | 40,600 | 939,000 | 240,250 |
|  | Balance b/d | |  | 279,000 | 90,850 |  |  |  |  |  |  |

X/32\*20=

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DR. Discount Allowed A/CCR | | | | | |
| 2015 |  | Shs |  |  | Shs |
| Jan 31st | Cash | 10,750 | Balance c/d | | 10,750 |
|  |  |  |  |  |  |
|  | Balance b/d | 10,750 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dr. Discount Received A/C CR | | | | | |
| 2015 |  | Shs |  |  | Shs |
| Balance c/d | | 40,600 | Jan 31st | Cash | 40,600 |
|  |  | 40,600 |  |  | 40,600 |
|  |  |  | Balance b/d | | 40,600 |

x/12X5

5a. Specialized in the business of providing insurance services to my customers

**Letter of inquiry to a potential supplier of Plumbing materials**

**Mirembe General Insurers**

**P.O. BOX 800, Mityana**

**Tel. 075112440**

***“Dealers in General Insurance Services”***

Date: 15th May 2015

Our Ref: ………..

Your Ref:……….

The Purchases Manager

Chibu Stores

P.O. Box 598Katwe

Dear Sir/Madam

**RE: INQUIRY ON THE AVAILABLE PLUMBING MATERIALS**

MIREMBE GENERAL INSURERS is a newly established Insurance Company located in Mityana –Mubende Road.

The aim of this communication is to request you to avail us with the necessary details of the items you have in stock. This should include but not limited to prices, terms of sale and terms of delivery.

We look forward to receiving your positive response.

Yours faithfully

**Susan Nakiito**

**Purchasing Manager C.C.** The Managing Director

12x½=06

**b. Steps followed when taking up an Insurance Policy:**

* Identification of the Insurance Policy
* Filling of the proposal form
* -Collection of premiums and paying of first premiums
* Receiving the cover note
* Issuing of an Insurance Policy
* In case the risk insured against occurs filling the claim form

**Any 5x1=5mks 1st two steps a must**

**C. Factors to consider when selecting the means of transport to be used**

* Availability and safety of the mode
* Cost of transport
* Nature of goods to be transported
* Size of the load
* Value of goods to be transported
* Speed and urgency

d. A contract for a third party policy to be offered to Drake Motors.

**The Republic of Uganda**

**A CONTRACT OF THIRD PARTY POLICY**

**BETWEEN**

**Mirembe General Insurers**

**P.O B0X 800 Mityana**

**075112440**

**AND**

**DRAKE MOTORS**

**P.O BOX 598 KATWE**

Today the 15th May 2015 the above parties hereby enter into contract for the offer of third party insurance policy under the following terms:

1. Mirembe General Insurers will offer third party insurance policy on monthly premium cash payment 30,000.
2. All premiums will be paid in cash by use of bank drafts, personal cheques will not be accepted
3. The Insurance policy will automatically be renewed monthly upon payment of premiums
4. Compensation will only be honoured if the cause of loss is as a result of accidents and losses caused by the insured

**Witnessed by:**

**Namubiru Rebecca**

**Advocate**

**Tamale James Ester Kibuuka**

**Purchasing Officer Sales Manager**

**Drake Motors Mirembe General Insurers**

**MARKING GUIDE**

**PAPER 1 SET 2**

Qn1a. Secured a loan of Shs. 10,000,0000 at an interest of 5% per month on reducing balance

Loan is payable in five installments of the principle plus the monthly interest

**LOAN REPAYEMENT SCHEDULE FOR MIREMBE RESTAURANT P.O BOX 1112 KAMPALA**

**OPPORTUNITY BANK**

**KAMWOKYA ROAD BRANCH**

**LOAN REPAYMENT SCHEDULE FOR MIREMBE MILLERS**

**FOR SHS. 10,000, 000 AT 5% INTEREST RATE ON REDUCING BALANCES PAYABLE IN 5 EQUAL INSTALLMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Principal Payment** | **Interest (5%) on Outstanding Bal (Shs)** | **Total Repayment**  **Shs** | **Balance**  **Shs** |
| 1ST | 2,000,000 | 500,000 | 2,500,000 | 8,000,000 |
| 2ND | 2,000,000 | 400,000 | 2,400,000 | 6,000,000 |
| 3rd | 2,000,000 | 300,000 | 2,300,000 | 4,000,000 |
| 4th | 2,000,000 | 200,000 | 2,200,000 | 2,000,000 |
| 5th | 2,000,000 | 100,000 | 2,100,000 | 0 |
| Total | 10,000,000 | 1,500,000 | 11,500,000 |  |

b). Cheque for use in business

|  |
| --- |
| Opportunity Bank 3001004  12080019    Date ………………………..  Pay ………………………………………………………………………………………………………………………….. or order  Shillings…………………………………………………………………………………………….. UGX  **Mirembe Millers ……………………………………………………………….**  **3001004 12080019** |

|  |
| --- |
|  |

c). Memo to the sales manager about the declining level of sales

|  |
| --- |
| **MIREMBE MILLERS**  **Plot 20 Kampala Road P.O Box 1112 Kampala**  **MEMO**  **Date:** 15th January 2015  **From :** Managing Director  **To:** Sales Manager  **Ref:** 15/01/SM/IC  We have noted with concern that our sales volume is continuously declining.  You are therefore requested to investigate the likely cause(s) and report to my office not later than 30th January 2015.  Thank you.  **MirembeNamasole Wendy**  Copied to; Production Manager |

d). How to ensure quality in my business:

By/Through

* By checking on the quality of raw materials
* By checking on the quality the production process
* Monitoring the efficiency and effectiveness of human resources/labour
* Checking on the quality the products before sending them on the market
* The entrepreneur may also personally supervise to ensure quality production -deep personal involvement
* Setting up and adhering to the quality standards of the enterprise
* Employing skilled and experienced manpower
* Ensuring that good packaging materials are used
* Establishing good storage facilities
* Carrying out research into better production techniques
* Motivation of workers
* Cleanliness of the workers

1. **NAMIIRO MARTHA’S**

**TRIAL BALANCE**

**AS AT 31st JANUARY2015**

|  |  |  |
| --- | --- | --- |
| **DETAILS** | **DEBIT (SHS)** | **CREDIT (SHS)** |
| Cash in hand | 3,600 |  |
| Cash at Bank | 33,000 |  |
| Stock (01/01/2015) | 63,000 |  |
| Debtors | 24,000 |  |
| Returns in wards | 1,500 |  |
| Creditors |  | 30,000 |
| Sales |  | 168,000 |
| Purchases | 61,500 |  |
| Capital |  | 44,700 |
| Salaries | 12,000 |  |
| Water and Electricity | 1,800 |  |
| Postage | 600 |  |
| Drawings | 2700 |  |
| Furniture and Fittings | 22,500 |  |
| Motor Van | 105,000 |  |
| Loan |  | 90,000 |
| Rent received |  | 3,600 |
| Office Rent | 5,100 |  |
| **Total** | **336,300** | **336,300** |

**NAMIIRO MARTHA’S**

**TRADING, PROFIT AND LOSS ACCOUNT**

**FOR THE MONTH OFJANUARY 2015**

|  |  |  |  |
| --- | --- | --- | --- |
| **PARTICULARS** | **AMOUNT(SHS)** | **AMOUNT(SHS)** | **AMOUNT(SHS)** |
| Sales |  | 168,000 |  |
| Less: Returns In Wards |  | 1,500 |  |
| Net sales |  |  | 166,500 |
| Less: Cost of Sales |  |  |  |
| Opening stock |  | 63,000 |  |
| Add: Purchases | 61,500 |  |  |
|  | - |  |  |
| Net purchases |  | 61,500 |  |
| Cost of goods available for sale |  | 124,500 |  |
| Less: Closing stock |  | 40,500 |  |
| Cost of sales |  |  | 84,000 |
| Gross profit |  |  | 82,500 |
| Add: Incomes |  |  | 3,600 |
| Gross income |  |  | 86,100 |
| Less: operating expenses | |  |  |
| Salaries |  | 12,000 |  |
| Water and electricity |  | 1,800 |  |
| Postage |  | 600 |  |
| Office rent |  | 5,100 |  |
| Total operating expenses | |  | 19,500 |
| Net profit |  |  | 66,600 |

**NAMIIRO MARTHA**

**BALANCE SHEET**

**AS AT 31STJANUARY 2015**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Particulars** | **Amount (Shs)** | **Amount (Shs)** | **Particulars** | **Amount (Shs)** | **Amount (Shs)** |
| Capital | 44,700 |  | Fixed Assets |  |  |
| Add: Net profit b/d | 66,600 |  | Furniture | 22,500 |  |
|  | 111,300 |  | Motor vans | 105,000 |  |
| Less; Drawings | 2,700 |  |  |  | 127,500 |
| Capital owned |  | 108,600 | Current Assets |  |  |
| Longterm Liabilities |  |  | Closing balance | 40,500 |  |
| Loan |  | 90,000 | Debtors | 24,000 |  |
| Current Liabilities |  |  | Cash in hand | 3,600 |  |
| Creditors |  | 30,000 | Bank | 33,000 |  |
|  |  |  | Total current assets | | 101,100 |
|  |  | 228,600 |  |  | 228,600 |

1. You have established a Pharmacy with other partners in a busy suburb.

a). A fully prepared partnership deed should contain the following:

* Name and address of the business
* Names and addresses of various partners
* Mode of capital contribution including ratios
* Duties and responsibilities of each partner
* The profit sharing ratios
* Modes of conflict resolution
* The liability of each partner
* Type of business to be carried out
* Business location etc

b). Invoice for use in the business

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ABACUS PHARMACY**  **P.O BOX 277 Kireka**  **Tel: 0775939300**  **Date…………………………………………..**  **INVOICE**  INVOICE No. 1000  **LPO NO…………………………………………**  To: ……………………………………  ………………………………………….   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **NO** | **Description** | **Quantity** | **Unit Price** | **Amount** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **E&OE** | **Total** |  |  |  |   Shillings  ……………………………………………………………………………………………………………………………………………………………..  Prepared by;  …………………………………………….  ……………………………………………..  Sales Manager |

c). Poster for the business

|  |
| --- |
| ***NEWNEW***  **ABACUS PHAMARCY**  **P.O BOX 100 KAMPALA Tel: 0758900200**  **Dealers in General Medical Supplies & Equipment’s**   * Abacus Pharmacy located in Kampala City Welcomes You. * We have in Stock all types of medicines and medical equipment’s * Your Health is our pride * Located on Plot 5- Kampala Road –Kampala City   **HEALTH IS LIFE HEALTH IS LIFE** |

d). Market Survey Guide

|  |
| --- |
| **ABACUS PHAMARCY**  **P.O BOX 100 KAMPALA**  **Tel: 0758900200**  **“Dealers in General Medical Supplies & Equipment’s”**  **QUESTIONNAIRE:**   1. Name of customer………………………………………… Sex……………………………………………………. 2. Age…………………………………………………………………… residence……………………………………….. 3. Occupation …………………………………………………….. no. of children ……………………………….. 4. Income (a) Low …………………………. (b) medium ……………………… (c) High.…………………….. 5. Do you buy drugs for home use? Yes………………… No…………………………………………………. 6. If yes, where do you procure them from? ……………………………………………………………….. 7. How did you come to know about the existence of the above facilities? ………………… 8. Have you ever procured drugs from Abacus Phamarcy? …………………………………………… 9. If yes, how did you find our services? ………………………………………………………………………….   ……………………………………………………………………………………………………………………………………..   1. What is your comment about our prices? …………………………………………………………………… 2. Any information you wish to share with us ………………………………………………………………….   ………………………………………………………………………………………………………………………………………..  **Thank you for your cooperation** |

Qn. 4. (a)

Mr. Kibicho’s

THREE COLUMN CASH BOOK

for the month of January 2015

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DR. |  |  |  |  |  |  |  |  |  |  | CR |
| Date | Details | F | Disc allowed | Cash | Bank | Date | Details | F | Disc allowed | Cash | Bank |
| 2015 |  |  | Shs | Shs | Shs | 2015 |  |  | Shs | Shs | Shs |
| Jan 1st | Balance b/d |  |  | 580 |  | Jan 1st | Balance b/d |  |  |  | 14,700 |
| 2nd | Capital |  |  |  | 10,000 | 3rd | Office furniture |  |  |  | 7,800 |
| 4th | Sales | C |  | 2,200 |  | 5th | Bank |  |  | 2,000 |  |
| 5th | Cash |  |  |  | 2,000 | 6th | Ngudi | c | 20 |  | 780 |
| 8th | Sales |  |  | 5,000 |  | 6th | Tharao |  | 60 |  | 2,340 |
| 15th | Bank |  |  | 4,000 |  | 6th | Makuyu |  | 100 |  | 3,900 |
| 18th | Gichuki |  | 40 |  | 760 | 12th | Motor expenses |  |  | 770 |  |
| 18th | Chemutai |  | 70 |  | 1,330 | 15th | Cash | c |  |  | 4,000 |
| 18th | Kombo |  | 110 |  | 2,090 | 16th | Drawings |  |  | 1,200 |  |
| 22nd | Kaugu |  |  | 2,040 |  | 20th | Salaries |  |  | 2,100 |  |
| 28th | Cash |  |  |  | 7,750 | 26th | Insurance |  |  |  | 500 |
| 31st | Balance c/d |  |  |  | 59,290 | 28th | Bank |  |  | 7,750 |  |
|  |  |  |  |  |  | 31st | Motor van |  |  |  | 49,200 |
|  |  |  |  |  |  | 31st | Balance c/d |  |  | 200 |  |
|  |  |  | 220 | 13,820 | 83,220 |  |  |  | 180 | 14,020 | 83,220 |
|  | Balance b/d |  |  | 200 |  |  | Balance b/d |  |  |  | 59,290 |

General Ledger

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dr. Discount Allowed A/C Cr | | | | | | |
| 2015 |  | | Shs |  |  | Shs |
| Jan 31st | Sundry discount (debtors) | | 220 |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
|  |  | |  |  |  |  |
| Dr. Discount Received A/C…………………………….Cr | | | | | | |
| 2015 |  | Shs | |  |  | Shs |
|  |  |  | | Jan 31st | Sundry discounts | 180 |
|  |  |  | |  |  |  |

Qn.5. You operate a Shoe Care Centre in a rapidly growing town.

a). Letter of inquiry to a potential supplier

|  |
| --- |
| **BART SHOE CARE CENTRE (BSCC)**  **P.O. BOX 1093 MASINDI**  **TELEPHONE 0756444222/07016444222**  **“Dealers in Shoe Repairs and Sales”**  Date: 20th January 2015  Our ref: BSCC/8/15  Your ref: …………….  The Purchase Manager  Basaijja Balaba Hides and Skins  P.O. Box 15, Masindi  Dear Sir/Madam  **RE: INQUIRY ON THE AVAILABLE HIDES & SKIN PRODUCTS**  BART SHOE CARE CENTRE (BSCC) is a newly established shoe care centre business located on Abwoli Road, MasindiDistrict.  We are interested in stocking your products.  The aim of this communication is to request you to avail us with the necessary details of the items you have in stock. This should include but not restricted to prices, terms of sale and terms of delivery.  We look forward to receiving your positive response.  Yours faithfully  …………………………  **Purchases Manager**  **C.C.** The Managing Director  Bart Shoe Centre  Enc. |

b). Sign post

|  |
| --- |
| **BART SHOE CARE CENTRE (BSCC)**  **P.O. BOX 1093 MASINDI**  **TELEPHONE 0756444222/07016444222**  **“Dealers in Shoe Repairs and Sales”**  **1km**  *One Stop Centre for Quality Shoe Sales & Repairs* |

c). Factors to consider when selecting the means of transport to be used in the business

* Availability and safety of the mode
* Cost of transport
* Nature of good to be transported
* Size of the load
* Distance to cover
* Value of goods to be transported
* Flexibility of the mode
* Speed and agency

Contract for sale of products to credit customer

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| **THE REPUBLIC OF UGANDA**  **A CONTRACT FOR SALE OF GOODS**  **BETWEEN**  Basaijja Balaba Hides and Skins  P.O. Box 15, Masindi  **(SELLER)**  **AND**  BART SHOE CARE CENTRE (BSCC)  P.O. BOX 1093 MASINDI, TELEPHONE 0756444222/07016444222  **(BUYER)**  Today the 18th January 2015, the above parties enter into contract for the sale of hides and skins under the following terms:   1. Bashaija Hides and Skin will supply leather products on credit 2. Bart Shoe Care Centre will be expected to pay for the products within 14 working days from the day of delivery 3. The leather products will be supplied as stated in the order forms from time to time 4. The supplies will be delivered by the seller to the buyers premises 5. The payments will be by cheque. 6. The nature of leather products shall be good quality. 7. In case goods, are delivered in bad conditions the buyer will be free to return them to the seller.   **Witnessed by:Bart Ssemulema Ben Bash**  **Purchasing Officer Sales Manager**  **Bart Shoe Centre Bashaija Hides and Skins** |

**Award any 5 points for 2 marks each 5x2 =10 marks (block marks)**

**END**