

CHICAURA CLOTHING

KAMPALA  
UGANDA  
+256 707112244 | +256 777112244  
chiaura@email.com



WHOLESALE APPLICATION FORM

SECTION A: COMPANY DETAILS

COMPANY / FIRM NAME
BUSINESS EMAIL
ADDRESS
PHONE NUMBER
DATE ESTABLISHED
INVENTORY CAPACITY (warehouse sq. ft)
URSB REGISTRATION NUMBER
TAX IDENTIFICATION NUMBER (TIN)
TRADING LICENSE NUMBER

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SECTION B: PRINCIPAL CONTACT

NAME
TITLE
EMAIL
CONTACT

SECTION C: SALES, DISTRIBUTION & QUALITY SPECIFICATIONS

ANNUAL SALES VOLUME
NUMBER OF RETAIL OUTLETS
MINIMUM ORDER VALUE (units)
NUMBER OF EMPLOYEES
QUALITY STANDARDS & CERTIFICATIONS

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SECTION D: FINANCIAL INFORMATION

NET ASSETS
ANNUAL TURNOVER
BANK REFERENCE

SECTION E: REPUTATION AND REGULATORY COMPLAINTS

AWARDS
COMPLAINTS

SECTION F: DECLARATION

☐ I, the undersigned, certify that the information provided here is accurate and complete to the best of my knowledge. I authorize ChicAura Clothing to verify any information provided.

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### **SECTION G: ATTACHMENTS**