

**DEALERSHIP FORM A:**

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| PART A  **DEALERS BIO DATA** | | | |
| SURNAME: | | FIRST NAME: | OTHER NAMES: |
| **REGISTERED BUSINESS NAME** (*As registered with CAC*): | | BUSINESS ADDRESS ( *Please include State, LGA and Town*): | |
| TELEPHONE: | | E-MAIL: | |
| **PART B:** | | | |
| NAME(S) OF THE OWNER OF BUSINESS:  1. 4.  2. 5.  3. 6. | | | |
| TYPE OF BUSINESS YOU ARE INTO: | HOW LONG HAS THE BUSINESS BEEN: | | HOW MANY STAFF DO YOU HAVE: |
| CURRENT VOLUME OF TAKE-OFF QUANTITY: | KINDLY STATE AVAILABLE CAPITAL FOR THE BUSINESS *(In Naira):* | |  |
| DO YOU HAVE KNOWLEDGE OF THE LOCAL MARKET: | OFFICE SPACE AVAILABLE  NO  YES | | PREFERRED STATE: |
| ANY EXPERIENCE IN PAY TV SALES:  YES  NO | ARE YOU CURRENTLY MARKETING ANY DTH:    YES  NO  IF YES, WHICH: | | ANY INSTALLATION KNOWLEDGE:  NO  YES |
| HOW MANY INSTALLERS DO YOU HAVE? |  | |  |
| FULL NAME OF APPLICANT:  \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE AND DATE | | | |

*This form is used by the Marketing and Sales Department of TELCOM SATELLITES Limited (MKTS/SALES, TS) for applications into dealership positions in TSTV. Please scan completed forms as an email attachment to: info@tstvafrica.com*