



# TROPICAL SPLASH LTD

Evbuoriarra Industrial Layout off km 8 Sapele road, Benin City, Edo State

Salvation Matthew  
Customer Service  
09160913684  
08150890837  
tropicalsplashng@gmail.com  
www.tropicalsplashusa.com

## DISTRIBUTOR APPLICATION FORM

### (1) PARTICULARS OF THE APPLICANT

(please tick as appropriate)

Individual

Corporate

- Name
- Address
- Email
- Phone Number(s)

### (2) a. AUTHORIZATION

Authorized representative/Manager's particulars

- Name
- Telephone No
- Address

Company Representative/Manager  
Signature &Date

Passport photograph of  
Company Representative  
or Manager

### b. AUTHORIZATION

Authorized representative /Manager's particulars

- Name
- Telephone No
- Address

Company Representative/Manager  
Signature &Date

Passport photograph of  
Company Representative  
or Manager

I/we hereby confirm that our representative/manager whose passport photograph is affixed above, is authorised to transact business on our/my behalf with Tropical Splash Ltd.

### (3) BUSINESS OWNER/PROPRIETOR/MANAGING DIRECTOR'S INFORMATION

- Name
- Address
- Email
- Telephone No.
- Birth Day

I hereby certify that the information provided on this form is correct and accurate

Signature & Date

Passport photograph of  
Business Owner or Managing  
Director

### (4) DOCUMENTS TO BE ATTACHED WITH THE FORM

- (a) Any government issued identity card (International passport, driver's licence, NIN, or Voter's card)
- (b) Certificate of Company Registration from Corporate Affairs Commission (for registered companies only)

Subject to: Minimum purchase of one trailer i.e 1,820 packs monthly on cash & carry basis.

### FOR OFFICIAL USE ONLY

Verification Officer

Name

Signature & Date

Approval

Name

Signature & Date