

Abbott-Imedex Rapid Diagnostics Distribution Request

Particulars of the Applicant (Please Fill in all the fields with any Black ink pen)

Individual

Partnership

Corporate

(Please Tick any of the above & Attach Relevant Registration Certificate)

Business Legal Name _____

Doing Business Since _____ NIN _____ SIN _____
(Please attached the relevant certificates)

Address _____

Contact Numbers _____

Email _____

Web Address _____

Business Owners Name			
1	2	3	4
Authorized Person _____ (Please Attach Authorization Letter)		Authorized Manager _____ (Please Attach Authorization Letter)	
CNIC _____		CNIC _____	
Work Phone _____		Work Phone _____	
Mobile _____		Mobile _____	
Business Representative Owner _____		Management Representative _____	
Signature & Date _____		Signature & Date _____	
Territory _____		Product Pan bio Covid-19 Rapid Test Device	

UNDERTAKING

I agree to Deposit security deposit (PKR) 1,000,000 Refundable (upon termination of sub-distribution & settling all the dues, if any)

I agree to purchase stock of (PKR) _____ Immediately upon award of Sub-Distribution letter

I agree to maintain & transport stock at the required temperature & as advised by Abbott.

I agree to keep minimum to keep sales support staff as advised by Imedex-System

I agree not to use any practices to improve my sales through bribery, gifting, influence.

Business Representative Owner _____

Signature, Stamp & Date _____