



APPLICATION FORM

Please indicate the Program that interest you:

<input type="checkbox"/> Passenger Vehicles	<input type="checkbox"/> Commercial Vehicles	<input type="checkbox"/> Mining Equipment
<input type="checkbox"/> Bikes	<input type="checkbox"/> Motorbikes	<input type="checkbox"/> ATV
<input type="checkbox"/> Internet Sales	<input type="checkbox"/> Other: _____	

1. APPLICATION FOR RIDE-ON DISTRIBUTIONSHIP

1.1 Full Name(s) of Applicant(s) - all principal owners in proposed dealership:

(a) _____

(b) _____

(c) _____

(d) _____

1.2 Nature of Business and Name: _____

Sole Proprietorship: Yes No

Partnership: Yes No

Limited Company: Yes No

Close Corporation: Yes No

1.3 If other than a Sole Proprietor:

Details of Partners / Members / Shareholders

Name	Address	Tel No	Percentage

1.4 Proposed Location of Dealership: _____

1.5 What experience have you of the Tyre industry?

1.6 Will someone other than the Applicant manage the Outlet? Yes No

Name of the Manager: _____

What experience of the Tyre Industry does he/she have: _____

2. PERSONAL INFORMATION *(This information must be completed for each Principal)*

2.1 First Name: _____

2.2 Surname: _____

2.3 In what capacity will you be connected with the business: _____

2.4 Date of Birth: _____

2.5 ID Number: _____

2.6 Citizenship: _____

2.7 Marital Status: _____

2.7.1 In Community of Property Out of Community of Property Islamic

Other: _____

2.7.2 Date of Marriage: _____

2.7.3 Spouse's Name: _____

2.7.4 Date of Birth (spouse): _____

2.7.5 Name of Employer (spouse): _____

2.7.6 Present Position (spouse): _____

2.7.7 ID Number (spouse): _____

2.8 Home Address: _____

_____ At above address since: _____

2.9 Postal Address: _____ Postal code: _____

2.10 Contact Telephone Numbers: _____ (Work) _____ (Home)

_____ (Cell) _____ (Fax)

_____ (E Mail)

2.11 Next of Kin (not of same address):

Relationship: _____ Name: _____

Address: _____

Telephone: _____

2.12 Describe any Physical Limitations: _____

3. EDUCATION

Please list highest education qualification obtained: _____

4. GENERAL INFORMATION

4.1 Personal References: (other than relatives or employers)

Full Name	Address	Tel No	Occupation	Years Known

5. BUSINESS EXPERIENCE

5.1. Present Occupation:

(a) Position: _____

(b) Company: _____

(c) Address: _____

(d) Describe duties, number of employees supervised and responsibilities:

6. PERSONAL FINANCIAL STATEMENT

6.1 How much are you in a position to invest for the following?

Total capital: _____

Working capital: _____

Inventory: _____

Equipment: _____

6.2 Have you ever been self-employed? If so, give details:

6.3 Have you ever had a business failure? If so, give details:

6.4 Are you a defendant in any legal actions? Yes No

6.5 Have you ever been declared insolvent? Yes No

If yes, specify detail: _____

If yes, are you now rehabilitated? Yes No

6.6 Have you had any default judgments against you or an entity you have been involved with? Yes No

Specify detail: _____

6.7 Have you ever been found guilty of a criminal offence? Yes No

If yes, specify details: _____

7. ACCOMPLISHMENTS

What are the things you have done either in your work or outside of which you are most proud of?

8. FUTURE

What are your general impressions of the future for the tyre business? What kinds of things would you like to see done to improve the opportunities in this field? What can you personally do to see that such things happen? Add any other comments you feel that are significant.

I represent and warrant to Glomore Motors (Pty) Ltd t/a Ride-On, that the information in this application presents my true financial and/or personal condition as of the date shown below and includes all information that is necessary to make the information in this application not misleading. I understand that Glomore Motors (Pty) Ltd t/a Ride-On will rely on this information to decide whether to enter an agreement with me. Accordingly, any material misrepresentation shall be adequate grounds for Glomore Motors (Pty) Ltd t/a Ride-On to rescind any agreement that Glomore Motors (Pty) Ltd t/a Ride-On and I enter. I will promptly advise Glomore Motors (Pty) Ltd t/a Ride-On of any material change in the information in this application.

Signature (Applicant)

Witness: _____

Date: _____

Place: _____

Signature (Spouse)

Witness: _____

Date: _____

Place: _____

COPIES OF THE FOLLOWING DOCUMENTATION WILL BE NEEDED IF APPROVED AS A DISTRIBUTOR

Certified Copies of the Following:

Closed Corporation: CK1 Document

Company: Certificate of Incorporation

All members, shareholders or partners ' Identity Documents

Approval of all financing by Financial Institution, if Applicable.

Regional Service Council Certificate

Receiver of Revenue – VAT

Receiver of Revenue – PAYE

Receiver of Revenue – Company Tax

Department of Manpower – UIF

Workmen's Compensation