

ONKA COLLECTIONS

Distributor Application Form

Fill this form to request distributor partnership — print or send via email

1. Primary Contact

FULL NAME * *

EMAIL ADDRESS * *

PHONE / MOBILE

ALTERNATIVE CONTACT (OPTIONAL)

2. Business Information

COMPANY / TRADING NAME * *

BUSINESS REGISTRATION NO * *

VAT NUMBER (IF REGISTERED)

DISTRIBUTION CHANNELS * (SELECT ALL THAT APPLY) *

☐ RETAIL STORE (PHYSICAL) ☐ ONLINE STORE / E-COMMERCE ☐ BOTH RETAIL & ONLINE

☐ WHOLESALE / BULK ONLY ☐ INFORMAL MARKET / SPAZA

BUSINESS PHYSICAL ADDRESS * *

SHIPPING / WAREHOUSE ADDRESS (IF DIFFERENT)

3. Declaration & Submission

 **Distributor Note:** A registration fee may apply upon approval. All business accounts are verified. Submit this completed form to begin the onboarding process. For any inquiries, contact our partnerships team.

SIGNATURE (FULL NAME) * *

DATE * *