

WAJMALL VENDOR FORM

Section 1: Basic Information			
Applicant's (Vendor) details			
THIS FORM SHOULD BE FILL BY MD OR ACCOUNT		AFFIX YOUR PASSPORT	
First Name:	Last Name:		
Middle Name:	Other Name:		
Next of Kin:	Kin mobile number:		
E-mail:			
Postal Address:			
City:	Mobile:		
State:	Gender:		Age:
Residential Address:			
Bank Verification Number:			Valid ID Number:
Website:		WhatsApp Number:	
Section 2: IT Experience			
Are you computer literate? YES/ NO	How do you access internet? PHONE/ COMPUTER		
How do you hear about us?	If YES, what is the type of phone ANDRIOD / JAVA / APPLE		
Section 3: Business Details:			
Registered Business on CAC		Non-registered Business on CAC	
Business/ Company Name:		Proposed Business/ Company name:	
Registration Number:	Office Address:		
Tax Number:			
VAT Number:	Nearest Bus Stop:		
Physical Address:			
		Office Phone number:	

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Are you a Dealer/ Importer/ Manufacturer	Are you a Dealer/ Importer/ Manufacturer
Number of Employed Staff:	Number of Employed staff:
Office Closing Time:	Office Closing Time:
Section 4: Account Details	
Bank Name:	
Account Name:	
Account Number:	

DECLARATION

I, _____ affirm that all the information in page 1 provided on this application is correct and true. I agree to the terms and conditions as explained 1. To upload the products in my shop with the actual prices 2. To deliver on request once payment is made.

SIGNATURE & DATE:

USE OFFICIAL STAMP/ SEAL