

Kent Surgical Partner Application Form

Kent Surgical sincerely appreciates your interest in partnering with us for your region. We value our partnerships and work closely with our partners to ensure mutual success. Please complete the following application form. All information provided will be treated with strict **confidentiality**.

1. Basic Information

Company Name: _____

Company Address: _____

Contact Number: _____

Fax: _____

Email Address: _____

Website: _____

Legal Structure: _____

Year of Establishment: _____

2. Company Profile

Business Activities: _____

Years in Business: _____

Current Product Range Distributed (E.g., Physiotherapy, Surgery, ICU): _____

Companies Currently Represented: _____

3. Proposed Area/Country & Product Coverage

Specific Region or Country: _____

Number of Sales Specialists: _____

Location of Warehouse(s): _____

Any current or past Experience in selling Surgical Instrument/Instrument Tracking System/Container/Baskets: (If yes, which brand?) _____

4. Products of Interest from Kent Surgical Portfolio:

Surgical Instruments:

Instrument Tracking System (Instrutrack):

Containers, Baskets and Accessories:

5. Supporting Documents

[] Valid Trade/Business License/Certificate

[] ISO Certificates (If any)

[] Company Brochure

[] Any other relevant documents

6. Agreement

I confirm that the information provided above is accurate and agree to the terms of confidentiality.

Authorized Signature: _____

Date: _____