



NZ PERFECT HEALTH AND BEAUTY

*Helping You Improve
the Quality of Your
Life for More Than
20 Years*

NZ Perfect Health & Beauty Exclusive Distributorship Application Form

Please fill out this application clearly readable.

All information in this application will be treated very confidential and will be destroyed and or send back to you in case of unsuccessfulness. All this information is a helpful tool to assess your appropriateness and find out more about your experience, character, integrity, financial stability and general appropriateness and does not obligate either party in any way.

Personal

Date: ____ / ____ /

Name: _____

Surname: _____

Physical Address: _____

(How long have you been living at this address?)

Months

Years

Postal Address: _____

Telephone Home : _____ **Business:** _____

Tele-fax: _____ **Mobile:** _____

Email: _____

Are you legally authorized to work or purchase a business in New Zealand? _____

In case you are not, please do not complete rest of questionnaire

Your Business and or Work Experience:

Current Occupation: _____

Self Employed: _____

(Nature of business and how many staff members are employed)

Employed: _____

(Please write the name of your company and your position)

Please outline your experience in the field of:

Sales and marketing? _____

Customer service? _____

Staff supervisory? _____

Any experience in cosmetic and / or medical business? _____

Time Frame: _____

When would you like to begin operating as a NZ Perfect Health & Beauty Distributor?

List three of your chosen locations as a NZ Perfect Health & Beauty Distributor and the reason why you have chosen these?

Which location do you feel most confident and familiar with and why? _____

How much time / how many hours a week will you be spending in the business?

Declaration:

I hereby certify that this is a true and correct statement as of this date.

I hereby give **NZ Perfect Health & Beauty**, my full permission to make any enquiries they so wish about myself or any matter whatsoever relating to the above questions and/ or answers provided to that.

NZ Perfect Health & Beauty will not disclose any such information to any third party not lawfully entitled to receive such information. I also give **NZ Perfect Health & Beauty** approval to run a credit check on me personally and / or any company in which I have or have had a financial interest or directorship.

Please provide three Credit / Trade References (not solicitors, accountants, banks or utilities).

Company name	Contact Person	Telephone	Credit Provided
1) _____			
2) _____			
3) _____			

The information contained in this report is not to be provided to any other person or organization. In case I do not become a **NZ Perfect Health & Beauty Distributor** this information is to be destroyed or returned to me upon request.

I hereby give an undertaking that I will not reveal any information given to me by any **NZ Perfect Health & Beauty** representative to any person, with the exception of my solicitor, accountant and or financial advisor.

Signed by the applicant: _____ **Date:** ____ / ____ / ____

Witness full name: _____

Witness's Address: _____

Witness's signature: _____

Please return to:



NZ PERFECT HEALTH AND BEAUTY

NZ Perfect Health & Beauty
Attention to: *Claudia Sidhu*
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Phone: 03 – 348 6161 Fax: 03 – 348 6171