



Affix Your
Passport

THOMPSON & GRACE PHARMACEUTICALS LTD

REGISTRATION FORM FOR ONLINE MARKETERS'

Please fill out the information below to register as an Online Marketer

Name*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name

Middle Name

Last Name

Home Address*

<input type="text"/>
<input type="text"/>

City*

LGA*

State*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone Number*

E-mail Address*

<input type="text"/>	<input type="text"/>
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Business Name*

<input type="text"/>

Business Address*

<input type="text"/>

Business Location*

Nature of Business (e.g. Retailer/Wholesaler/distributor) *

<input type="text"/>	<input type="text"/>
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How did you hear about Thompson & Grace Pharmaceuticals Ltd? Please tick appropriately

Radio Advert

TV Advert

Social Media

Referrals

Terms and Conditions

I..... having attested to the above information as true, read and accepted the terms and conditions of being one of the online marketers of the above named Company has agreed to be held bound by the information supplied should there be any violation in the future.

Signature/Date

For Official Use Only

This is to certify that the above-named marketer has met all the criteria required to be one of the Company's online Marketers and he/she is hereby given due approval to commence trading of the Company's products online.

Online Sales Coordinator's Sign and date

Please mail the completed form to enquiry@thompsonandgrace.com. Kindly also note that any information given would be treated with utmost confidentiality.