



TRANSWIDE PHARMACEUTICALS LTD.
Wholesalers & Distributors of Pharmaceuticals
Rafiki Business Park Thika Road / Outering Junction. P.O Box 75670-00200 Nairobi
Tel.: 2243101/ 2241039/341426. Fax 2242013 Email: info@transwide.co.ke

COMPANY DETAILS FORM

COMPANY NAME:

ANY PREVIOUS NAMES OF ENTITY (if applicable):

ADDRESS: CODE: TOWN:

TELEPHONE NUMBER:

PHYSICAL LOCATION:

EMAIL ADDRESS:

DATE OF INCORPORATION: REGISTRATION NUMBER:

KRA PIN NO: VAT REG. NO:

OFFICE BRANCHES:

BANKERS:

NAME OF OTHER RELATED ENTITIES (if applicable):

.....

SHAREHOLDERS/DIRECTORS/PARTNERS (clear copies of the ID cards must be provided)

1. Name: Mobile No..... I.D. No..... Signature.....
2. Name: Mobile No..... I.D. No..... Signature
3. Name: Mobile No..... I.D. No..... Signature
4. Name: Mobile No..... I.D. No..... Signature
5. Name: Mobile No..... I.D. No..... Signature.....

Please Note:

Any future changes to any of the above information, (e.g. company name or directorship details) **must be communicated to us immediately failure to which** the agreed credit facility will to be withdrawn.

EXPECTED MONTHLY LEVEL OF PURCHASE

Kshs.....

TRADE REFERENCES

Companies from which your credit worthiness could be ascertained

1.

Box Tel.

2.

Box Tel.

3.

Box Tel.

DECLARATION

In consideration of your agreement to grant credit, we declare that:

- 1) The person making this application is the director(s), partner(s), or proprietor of the said premises.
- 2) The information given herein is true and complete and pledge the same for any subsequent information given to you.
- 3) We/I hereby authorize Transwide Pharmaceuticals Limited, (hereinafter called Transwide), to contact our bank or any other of the references to obtain any other information required.
- 4) All invoices and transport charges are payable within **30 days** from the date of invoice or on demand.
- 5) We/I request a credit facility not exceeding Kshs._____.
- 6) Where the credit limit requested is above **kshs.2, 500, 000.00, two million five hundred thousand Kenya shillings**, we will provide a bank guarantee for the amount.
- 7) We/I understand that the filling of this form does not automatically entitle me/us to immediate credit facilities by Transwide. The account(s) will **only** be opened at the sole discretion of Transwide. This will be after the completion of the formal consideration and approval process.
- 8) We/I agree to be bound by the approved credit limit and period, which will be advised in writing by the credit controller upon approval. Further to this, Transwide reserves the right to review the terms approved and the right to withdraw the credit facility at any time without any prior notice.
- 9) In event of default on payment of any sum on its due date, the total outstanding amount from us will immediately fall due for payment subject to which all overdue accounts will attract an **overdue interest at 3% per month.**
- 10) In event of a dishonored cheque, a surcharge of **kshs.3, 000.00** will be charged on our account. This may also result to termination of the credit facility and the total amount outstanding, **payable immediately and in full.**
- 11) We/I shall indemnify Transwide against all costs and expenses inclusive of legal costs on an Advocate/Client basis and disbursements incurred by Transwide in obtaining or attempting to obtain payment of any monies owed to Transwide by us. This is to ensure that Transwide will not suffer any loss due to it affording or continuing to afford us the trading and credit facilities.
- 12) If Transwide accepts late or partial payment, this does not affect any of these terms or at law, even if the payment is described as being in full and final settlement of amounts due or a dispute.

CONSENT SUBMISSION

We/I _____

Being the directors/proprietors of _____ do hereby confirm that I have authorized Transwide Pharmaceuticals Limited to share my credit information and/or access my credit profile and those of my directors/ proprietors for credit appraisals with licensed Credit Reference Bureaus, (CRBs). I further release the CRB and Transwide Pharmaceuticals Limited and its officers, employees and agents from all claims, action and proceedings of whatsoever nature and whatsoever arising, suffered or incurred in connection with this sharing and access for the purpose afore stated.

1. Name _____ Signature _____

2. Name _____ Signature _____

3. Name _____ Signature _____

4. Name _____ Signature _____

5. Name _____ Signature _____

Dated this _____ day of _____, 20 _____

COMPANY RUBBER STAMP

PLEASE ATTACH:

- 1) Copy of Practicing License from Pharmacy and Poisons Board or from any other Regulatory Board.
- 2) Copy of Company Certificate of Incorporation/Partnership Deed/Business Registration Certificate.
- 3) Copy of the National Identity card or Passport for the Directors guarantying the Company.
- 4) Copy of Memorandum and Articles of Association (Page showing the shareholding) or copy of CR12.
- 5) Copy of KRA pin certificate.

FOR OFFICIAL USE ONLY:

Credit Limit Approved: _____

Credit Days Approved: _____

Signature: _____

Date: _____

Remarks: _____



TRANSWIDE PHARMACEUTICALS LTD.

Wholesalers & Distributors of Pharmaceuticals
Rafiki Business Park Thika Road / Outering Junction. P.O Box 75670-00200 Nairobi
Tel.: 2243101/ 2241039/341426. Fax 2242013 Email: info@transwide.co.ke

DIRECTOR'S/PROPRIETOR'S PERSONAL GUARANTEE

We/I

..... being the
directors\proprietor(s) of in consideration of
Transwide Pharmaceuticals Limited of P.O. Box 75670-00200 Nairobi in the Republic of Kenya having
agreed at our(my) request to supply.....

....., do hereby give our
irrevocable guarantee and bind ourselves absolutely and unconditionally and confirm that the said
company shall pay for all goods supplied at the price charged.

We further bind ourselves as follows:

- 1) That if the company **fails** to pay for the goods as agreed and on time, we shall be held personally and individually liable in addition to the company being held liable. Thereafter an interest on all outstanding balances at interest of 3% per month shall accrue over the period of default.
- 2) The amount owing thereof shall be recovered summarily from ourselves as long as the goods have been delivered and/or collected by the company herein.
- 3) Should the company be **unable to pay**, the amount owing **and** all costs thereof including legal fees, filling fees and all other incidental costs there from shall be paid by us.
- 4) This guarantee shall not be revoked and no director shall withdraw from this guarantee as long as there are monies owing and pending to be paid without the consent of Transwide Pharmaceuticals Limited.

In order to give effect to this guarantee I declare that **Transwide Pharmaceuticals Limited** shall be at liberty to act as though we were the principal debtor.

In witness wherefore, this guarantee has been duly executed by the parties hereto on this day of
..... year 20.....

SIGNED by the said guarantors and **SEALED** with a common seal of the Company.

1) Director's Name

Signature.....

2) Director's Name

Signature.....

3) Director's Name

Signature.....

4) Director's Name

Signature.....

5) Director's Name

Signature.....

6) Director's Name

Signature.....

7) Director's Name

Signature.....

Witness' Name

Signature.....

Transwide Pharmaceuticals Limited