

**WE REQUIRE DETAILED INFORMATION IN VARIOUS SECTIONS OF YOUR BUSINESS.
 WE KINDLY ASK YOU TO SUBMIT THIS FORM ONLY WHEN ENTIRELY COMPLETED.
 PLEASE NOTE THAT(*) DENOTES A REQUIRED FIELD.**

Date of Application* _____ Nominated Distributor* _____

Distributor Contact* _____

1. Contact information

Application Contact*	
E-Mail*	
Tel/Mobile*	
Responsibility*	

2. Company information

Company Name*	
Website Address*	
Address*	
Date Established*	
Postcode*	
Country:	
Tel*	
Fax	

3. Company directors

Company Director 1*	
Tel/Mobile*	
E-Mail*	
Responsibility	
Company Director 2*	
Tel/Mobile*	
E-Mail*	
Responsibility	

4. Key personnel	
Key Person 1*	
Tel/Mobile*	
E-Mail*	
Responsibility	
Key Person 2*	
Tel/Mobile*	
E-Mail*	
Responsibility	
Key Person 3*	
Tel/Mobile*	
E-Mail*	
Responsibility	
5. Annual turnover	
Forecast this year*	
Last year*	
ISO 9001/2*	
6. Connections with Draka	
Any previous dealings with Draka*	
Reason for wishing to join Draka*	
Are you currently involved/biding for a Draka specified project (Details)*	
7. Projected spent with Draka (min £50K p.a.)	
Month 1-6*	£*
Month 7-12*	£*
Year 2*	£*
Year 3*	£*
Desired partnering level (please tick box)	<input type="checkbox"/> Authorised Partner (annual spent with Draka £50K+)
	<input type="checkbox"/> Foundation Partner (annual spent with Draka £250K+)
	<input type="checkbox"/> System Integration Partner (annual spent with Draka £2000K+)

8. Employees experienced in structured cabling systems		
	Design Engineers	Site Engineers
Headcount*		
Manufacturer's training attended		
No. RCDD		
9. Business activity		
Please describe your principal type of business activity*		
10. Other offices / locations		
11. Which cabling systems are currently part of your product portfolio?		
System 1*		
Approved Since		
Approx Spend Per Annum £		
Bought through		
System 2*		
Approved Since		
Approx Spend Per Annum £		
Bought through		
12. Project references		
Reference 1*	Company	
	Location	
	Number of points	
	System / product installed	
Reference 2*	Company	
	Location	
	Number of points	
	System / product installed	

13. What other products do you buy / install?		
	Annual spent per product group	Supplied by
1. Industrial networks		
2. Home networks		
3. Telecom networks		
4. Studio / Broadcast equipment		
5. Railway / Signalling equipment		
6. Fibre Cables		
7. Mobile networks RF cable		
8. Power cable		
9. Fire safety cabling		
10. CATV / CCTV cabling		

I hereby declare that all this information is correct at the time of submission

(Signature and date of submission)

Please return by mail or fax to:

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