**PARTNER APPLICATION FORM**

OBJECTIVE

**Collaboration with exceptionally organised and enthusiastic referral partners to serve the clients together and better.**

INDIVIDUAL:

Full Name: -----------------------------------------------------------------------------

Address: -----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Contact #: ------------------------------------------------------------------------------

Residence Status: -----------------------------------------------------------------------

Position/Nature of Job: ------------------------------------------------------------------

Skillset: --------------------------------------------------------------------------------

Community Connection: ------------------------------------------------------------------

LinkedIn: -------------------------------------------------------------------------------

Facebook: ------------------------------------------------------------------------------

Share Your Experience:----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

BUSINESS ENTITY:

Business Name: -------------------------------------------------------------------------

Trading Name (If different): ---------------------------------------------------------------

Trading Address: ------------------------------------------------------------------------

NZBN: ----------------------------------------------------------------------------------

Website: --------------------------------------------------------------------------------

Years in Operation: ----------------------------------------------------------------------

Number of Staff Members: ---------------------------------------------------------------

Main Product Offering: -------------------------------------------------------------------

Target Market:

 *Consumer Commercial Commercial SME*

Customer Communication Method: --------------------------------------------------------

BANK DETAILS:

Account Number: ------------------------------------------------------------------------

Account Name: --------------------------------------------------------------------------

Bank Name: ----------------------------------------------------------------------------

DECLARATION:

I agree to accept EFCO’s Privacy Policy and Referral Partner’s terms.

DOCUMENTS REQUIRED:

* Proof of ID
* CV (in case of individual)

*Signature: ---------------------------------------------*

*Date: ------ ------ ------*