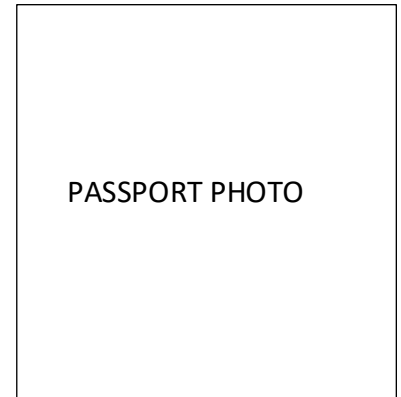


**AFRITROPIC FARMING AND AGRO SERVICES LTD (AFAS)
FREELANCER / DISTRIBUTOR REGISTRATION/ENGAGEMENT FORM**

PERSONAL INFORMATION:

- Full Name:
- Residential Address:
- City:
- State:
- Country:
- Postal Code:
- Phone Number:
- Email Address:
- Date of Birth:
- Nationality:
- Languages Spoken:
- Social Media ID(Facebook, Instagram, X and LinkedIn):



Professional Information:

- Company Name (if applicable):
- Industry/Field of Expertise:
- Years of Experience:
- Educational Background:
- Relevant Certifications or Training:
- Computer literate?:
- Own an Android or iOS phone?:
- Any previous freelance experience:
- The highest sales target meant:
- The number of farmers or customers worked with:

- Why would you want to do freelancing/ be a distributor with AFAS:

Means of Identification:

- Please attach a scanned copy or clear photo of a valid identification document (e.g., National ID, Driver's License, or Passport).

Representative MUST furnish the company with the following information for documentation purposes:

- a. National Identification Number (NIN)
- b. Bank Verification Number (BVN) (Bank Printout)
- c. Two Guarantors

Areas of Interest/Expertise:

Please select the areas in which you have expertise and would like to offer your services:

- Seed Sales and Promotion
- Irrigation Systems Installation and Maintenance
- Greenhouse Construction and Management
- Farm Development Consultancy
- Agricultural Training and Extension Services
- Other (please specify):

Territory:

Please indicate the state/states areas where you are willing to work and promote our products/services:

Availability:

- Full-time
- Part-time
- Project-based

- Flexible Schedule

Previous Experience:

Please provide a brief overview of your previous experience relevant to the agricultural industry, including any projects or clients you have worked with:

References:

Please provide the contact information for at least two professional references who can attest to your skills, reliability, finance-related matters, and work ethic:

1. Name: Company/Organization: _____ Phone Number:

_____ Email Address: _____ Home

Address: _____

2. Name: Company/Organization: _____ Phone Number:

_____ Email Address: _____ Home

Address: _____

Terms and Conditions:

By submitting this registration/engagement form, I hereby acknowledge and agree to the following terms and conditions:

- I understand that this registration does not constitute a guarantee of employment or engagement with the company.
- I agree to abide by the company's policies, procedures, and code of conduct while representing the company's products and services.
- I certify that all information provided in this form is accurate and truthful to the best of my knowledge.
- I authorize the company to verify the information provided and conduct background checks if necessary.

Signature:

(Signature)

Date:

(Date)