



**PARTNER/AFFILIATE ENQUIRY FORM**

Kindly fill out the forms, print, sign, scan and email to [admin@sochitel.com](mailto:admin@sochitel.com)

**Company Name:** -----

**Company Website:** -----

Please fill in if available:

**Company Registration #** -----

**Date of registration:** -----

**Registered Office Address:** -----  
-----  
-----  
-----

**Business Address:** -----  
-----  
-----  
-----

**Nature of Business:** -----  
-----

**Countries / Regions Covered:** -----

Number of employees: -----

(Please mark where appropriate)

1-3  4-20  30+

### Key Contacts

Name: -----

Name: -----

Position: -----

Position: -----

Mobile Phone No: -----

Mobile Phone No: -----

Office Line: -----

Office Line: -----

Email: -----

Email: -----

What Kind of relationship are you seeking with Sochitel?

Distributor
Investor
Network Operator Partner

How did you hear about Sochitel? -----

What is your target market size? -----

Are you currently selling my telecom products? -----

What is your marketing plan strategy? -----

-----  
Authorized Signature

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Authorized Signature