



PROKON PARTNER APPLICATION

Version 2020_1

COMPANY NAME:

REGIONS APPLIED FOR:

APPLYING FOR:

PROKON DISTRIBUTION

PROKON RESELLERSHIP

Addressable Market Information

Current Technology Trends in Market

Existing Prokon Products in Market



Competitors in Market

Any Professional Bodies in your region?

What do you believe is your opportunity when adding Prokon to your portfolio?

Business Details

Registered Name:

Registration Number:

Trading Name (if different from Registered Name):

Legal Entity (Limited Company / CC / Partnership / Sole Proprietor):

How long established (years):

Number of permanent employees:

Turnover last year (in local currency, please specify from-to dates):



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PO Box 17295, Groenkloof, 0027, South Africa
VAT | 4770140731 Registration No | 1993/007557/07

Are you an existing Prokon PARTNER? (Yes/No):

If 'Yes', please state percentage of last year's turnover that came from the sale of Prokon products:

If 'No', have you previously sold any Prokon products? (Yes/No):

If 'Yes', please specify products and years as a PARTNER:

Do you sell, or intend to sell, any products that compete with any current Prokon products? (Yes/No):

If 'Yes', please specify:

Owners

Please list all Shareholders / Members / Partners / Owners, and their respective shareholding percentage:

Full Name	%	Full Name	%
	%		%
	%		%
	%		%
	%		%
	%		%

Directors

In the case of a Company, please list all registered Directors:

Full Name	Full Name



Business Contact Details

Street Address:	
Postal Address (if different from above):	
Postal Code:	Country:
Telephone:	Cell phone:
Homepage URL: http://	

Key Personnel Contact Details

Managing Director:	
E-mail address:	Cell Phone:
Sales Director / Manager:	
E-mail address:	Cell Phone:
Marketing Director / Manager:	
E-mail address:	Cell Phone:
Finance Director / Manager:	
E-mail address:	Cell Phone:
Technical Director / Manager:	
E-mail address:	Cell Phone:
_____ Director / Manager:	
E-mail address:	Cell Phone:
_____ Director / Manager:	
E-mail address:	Cell Phone:
_____ Director / Manager:	
E-mail address:	Cell Phone:



Product Sales Personnel CVs

Product Sales #1	
Name:	
Position / Job Title:	
E-mail address:	Cell Phone:
Number of years with applicant company:	
Tertiary qualifications:	

For the questions above please complete the following if you have marked any as "Yes".

Describe knowledge of, and experience in, your industry (including employment dates):
Describe experience and/or understanding of structural or civil engineering (as appropriate):
List Prokon product <i>sales</i> training courses completed, or course dates booked:
Describe relevant technical / IT sales experience (including employment dates):
Sales courses passed, please list:

NOTE: FOR MORE SALES PERSONNEL, PLEASE ADD FURTHER COPIES OF THIS PAGE



Applications Engineer Personnel CV's

Applications Engineer	
Name:	
Position / Job Title:	
E-mail address:	Cell Phone:
Number of years with applicant company:	
Tertiary qualifications and Institution(s):	

For the questions above please complete the following if you have marked any as "Yes".

Describe knowledge of, and experience in, focus industry (including employment dates):
Describe experience and/or understanding of structural and civil engineering (as appropriate):
Describe experience of BIM processes:
Describe experience in demonstrating products to high standards; analysing a prospect's problems and technical needs; and consulting with prospects or customers in connection with the effective implementation of Prokon solutions:
List Prokon product <i>technical</i> training courses completed and tests passed (if applicable):

NOTE: FOR MORE AE's, PLEASE ADD FURTHER COPIES OF THIS PAGE



Own / Third Party Software Products Offered

Product #1:	Product #2:
Version:	Version:
Platform:	Platform:
Author:	Author:
Product #3:	Product #4:
Version:	Version:
Platform:	Platform:
Author:	Author:
Product #5:	Product #6:
Version:	Version:
Platform:	Platform:
Author:	Author:

Value Added Products/Services Offered

Product / Service	Describe your Offering
Complimentary hardware	
Training	
Installation	
Implementation	
Software customisation	
Software development	
Pre-sales consultation	
BIM consultation	
Web service consultation	
Project collaboration	



Training Offered

How frequently do/will you offer product training courses? (List per product):

If training is provided at your premises, please state maximum number of students that can be accommodated at one time:

If training is provided at your premises, who does/will do the training? (List per product):

If training is outsourced to a third party, please provide *full details* of the partner, the trainer, and what they can offer:

Expectations of the OEM

Please explain what resources and/or assistance you expect of Prokon/the Distributor:



Other Information

Please provide any other information that you believe may be relevant to Prokon or to your application:

Signature

By signing hereunder, I certify that all information supplied in this document is true and accurate, and is a true reflection of the intent and plans of the applicant business. I understand and acknowledge that Prokon reserves the right to immediately terminate any accreditation or agreement based on information supplied in this document that subsequently proves to have been false, inaccurate or misleading.

Signature for Applicant Company	Name	Title	Date