



**SUB-DISTRIBUTOR NOTIFICATION FORM**

|                      |  |
|----------------------|--|
| Distributor Name:    |  |
| Distributor Address: |  |

| No: | Name of sub-distributor | Address of sub-distributor | COOK specialties covered | Territory covered | Appointment Date | Prior COOK approval obtained? Y/N | If Yes, please provide date of approval and details of COOK contact |
|-----|-------------------------|----------------------------|--------------------------|-------------------|------------------|-----------------------------------|---|
| 1.  |                         |                            |                          |                   |                  |                                   |   |
| 2.  |                         |                            |                          |                   |                  |                                   |   |
| 3.  |                         |                            |                          |                   |                  |                                   |   |
| 4.  |                         |                            |                          |                   |                  |                                   |   |
| 5.  |                         |                            |                          |                   |                  |                                   |   |
| 6.  |                         |                            |                          |                   |                  |                                   |   |
| 7.  |                         |                            |                          |                   |                  |                                   |   |
| 8.  |                         |                            |                          |                   |                  |                                   |   |
| 9.  |                         |                            |                          |                   |                  |                                   |   |
| 10. |                         |                            |                          |                   |                  |                                   |   |