## PROKON PARTNER APPLICATION

Version 2025

COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGIONS APPLIED FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Addressable Market Information

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| --- |
| **Current Technology Trends in Your Market** |
|  |
| **Existing PROKON Products in Your Market** |
|  |
| **PROKON Competitors in Your 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 #:  |
| 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):  |
| 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:  |

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:  |
| Operations Director: E-mail address: Cell Phone:  |
| \_\_\_\_\_\_\_\_\_\_ Director / Manager: E-mail address: Cell Phone:  |
| \_\_\_\_\_\_\_\_\_\_ Director / Manager: E-mail address: Cell Phone:  |

**Product Sales Personnel CV’s**

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

For the questions below 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 *sales* 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 *technical* 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:**  |
| --- |

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** |
|  |  |  |  |