PANCOWINC Partnership Application Form

Become a Business Associate | Referral Partner | Consultant | Franchise Partner
Thank you for your interest in partnering with PANCOWINC. Please complete the form below.

1. Select Partnership Opportunity

☐ Business Associate

☐ Referral Partner

☐ Consultant

☐ Regional / Franchise Partner

2. Personal Information

Full Name: _____

Mobile Number: _____

WhatsApp Number: _____

Email Address: _____

City / Location: _____

Country: _____

3. Professional Details

☐ Business Owner

☐ Consultant

☐ Financial Professional

☐ Corporate Executive

☐ Lawyer / Legal Professional

☐ Chartered Accountant / Accountant

☐ Retired Professional

☐ Other: _____

Company / Organisation Name: _____

☐ 0–3 Years ☐ 3–10 Years ☐ 10+ Years

4. Business Network Profile

Area of Interest:

☐ Trade Finance Solutions

☐ Insurance & Risk Management

☐ Business Consultancy

☐ Corporate Services

☐ International Business Opportunities

☐ Digital Marketing & Promotion

☐ Other: _____

Approximate Professional Network:

☐ Less than 50 Contacts

☐ 50–200 Contacts

☐ 200–500 Contacts

☐ More than 500 Contacts

5. Partnership Capability

☐ Client Introductions

☐ Business Development

☐ Regional Representation

☐ Professional Consultancy

☐ Marketing Support

☐ Strategic Partnership

Preferred Working Model:

☐ Part Time Association

☐ Full Time Business Opportunity

☐ Regional Partnership

☐ Long-Term Strategic Collaboration

6. Additional Information

Please describe your experience, expertise, and expectations:

_____

_____

_____

Declaration

☐ I confirm that the information provided above is accurate and I agree to be contacted by the PANCOWINC team regarding partnership opportunities.

Signature: _____

Date: _____

Submit completed application to: info@pancowinc.com