Preservica Partner Programme - New Partner Request Form

Thank you for your interest in joining Preservica’s Partner Programme. Please provide the following information, which will help us to review the mutual opportunity of a partnership and develop our go-to-market plans. Once your application is received, we will evaluate your interests, relevant experience and comments about the potential for the partnership. We will contact you within 7 working days of receipt.

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**Contact Name:**

**Job Title:**

**Company Name:**

**Contact Address:**

**Contact Telephone Number:**

**Contact email:**

**Details about your interest in becoming a partner:**

**Why do you want to become a Preservica Partner?**

**Is this current interest driven by a project with an existing or prospective customer? If so, please explain who the customer is, their industry and a brief explanation of the project.**

**What opportunity do you see for your business? (for example, attracting new clients or offering an expanded service to clients). Please explain what the business need it addresses, the type of customers/industry that you focus on and quantify how many clients you expect to provide this to within first 12 months.**

**What role would the Preservica solution have in this opportunity?**

**Has your business worked with Preservica before?**

**If yes, please explain where:**

**And how many Preservica trained consultants do you have?:**

**Currently, do you have any clients/prospects that you would like to introduce a Preservica solution to – if so please explain more about these?**

**About your business in general:**

**Total Number of Customers:**

**Geographic Presence** (list regions where business is conducted)**:**

**Industry Focus Areas** (Please also list % of total revenue for each industry):

|  |  |
| --- | --- |
| **Focus Areas** | **%** |
| Public SectorMemory InstitutionsEnergy (Oil & Gas, Utilities) |  |
| Healthcare & Pharmaceuticals |  |
| Financial Services |  |
| Media & Advertising |  |
| Telecommunication |  |
| Retail & Distribution |  |
| Manufacturing |  |
| Other:  |  |
| Total |  |

**Please List 5 Client References** **(Preservica and Non-Preservica customers):**

1.

2.

3.

4.

5.

**About your Company:**

**Legal Company Name:**

**Company Taxpayer ID or Registration Number:**

**Company Address:**

**Phone Number:**

**Website:**

**URL to most current quarterly and annual filing:**

**Names and positions of Company Officers:**

**Headquarters Location:**

**Office Locations:**

**Number of Employees:**

**Annual Revenue:**