



AMBASSADOR ONLINE APPLICATION FORM

Please fill in the application form and submit to **ambassador@dim.foundation**

Surname

Full Name

Email

Country

Contact Number:

ID Number or Passport Number

PLEASE ANSWER THE FOLLOWING QUESTIONS. MAKE SURE YOU ANSWER ALL THE QUESTIONS IN THE SPACES PROVIDED.

1

GENDER

Male

Female

2

WHAT IS YOUR QUALIFICATION OR EDUCATIONAL BACKGROUND?

Degree obtained

Name of university attended

Schools attended

Courses completed



3 HAVE YOU EVER TRADED ON THE STOCK EXCHANGE?

- Yes
- No

If yes - where have you traded on?

What have you been trading?

4 LIST THE QUALITIES YOU POSSESS THAT WOULD ENABLE YOU TO BE AN EFFECTIVE AMBASSADOR?

Personal

Work

5 HAVE YOU EVER DEVELOPED A BUSINESS PLAN?

- Yes
- No

If yes – how many have you developed?

What was the nature of the business?



6 PLEASE LIST THE LANGUAGES YOU SPEAK, WRITE AND UNDERSTAND?

Languages	Speak	Write	Understand	Basic	Advanced	Pro
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 HAVE YOU EVER PURCHASED CRYPTOCURRENCY?

- Yes
- No

If yes – what were the ambitions for the particular cryptocurrencies you have chosen?

Have you ever invested in an ICO?

- Yes
- No

8 DO YOU HAVE EXPERIENCE IN DETERMINING MARKET SENTIMENT VIA RESEARCH, VALUATION AND DATA ANALYSIS?

- Yes
- No

9 WHAT TOOLS DO YOU USE? PLEASE LIST BELOW.



10 HAVE YOU MANAGED A LISTING ON THE STOCK EXCHANGE?

- Yes
 No

If yes - please explain which stock exchanges and for which companies.

11 DO YOU KNOW THE MINIMUM REQUIREMENTS FOR LISTING A COMPANY ONTO A STOCK EXCHANGE?

- Yes
 No

If yes – please mark the relevant requirements for listing a company?

- | | |
|--|---|
| <input type="checkbox"/> Business plan | <input type="checkbox"/> Value rating report |
| <input type="checkbox"/> Prospectus | <input type="checkbox"/> Audited financial report of the last 2 years |
| <input type="checkbox"/> Certificate of Incorporation of the company | <input type="checkbox"/> Tax clearance |
| <input type="checkbox"/> Company presentation | <input type="checkbox"/> An extract of Registrar of company |
| <input type="checkbox"/> Financial transparency | <input type="checkbox"/> Salary Slip |
| <input type="checkbox"/> Company must be operating for a year | <input type="checkbox"/> Must be a large enterprise |
| <input type="checkbox"/> <hr/> | |

12 DO YOU HAVE SALES EXPERIENCE?

- Yes
 No

If yes – please fill in the details

How many years of experience

Name of company

Name of product or service

Courses completed



13

**PLEASE INDICATE YOUR LEVEL OF EXPERTISE.
MARK THE APPROPRIATE BLOCK.**

	Basic	Intermediate	Advanced
Presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysing data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Market research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14

ARE YOU A PEP (POLITICALLY EXPOSED PERSON)?

- Yes
 No

If yes - please explain what/were this took place

15

DO YOU HAVE ANY LICENCES? IF YES PLEASE LIST THEM BELOW.

- Yes
 No

List Licences



16 PLEASE PROVIDE US WITH YOUR PERSONAL DETAILS IN THE BOX BELOW.

Related person	Criminal record	If yes – please list the reason for the criminal record
Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/>
Father	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/>
Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/>
Brother	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/>
Kids	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/>

**17 DO YOU HAVE A CRIMINAL RECORD?
IF YES – PLEASE LIST THE REASON FOR THIS.**

- Yes
 No

Description of Criminal Offence:

18 WHAT IS YOUR RELIGION?

19 WHAT IS YOUR NET VALUE (ASSETS)? PLEASE MARK APPROPRIATE BLOCK.

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> >50000 | <input type="checkbox"/> <50000 |
| <input type="checkbox"/> >100000 | <input type="checkbox"/> <100000 |
| <input type="checkbox"/> >500000 | <input type="checkbox"/> <500000 |
| <input type="checkbox"/> > 1 million | <input type="checkbox"/> < 1 million |



- 20 **ARE YOU CURRENTLY – OR HAVE YOU EVER BEEN IN A BOARD OF A COMPANY? IF YES PLEASE LIST THE NAME OF THE COMPANY.**

- 21 **PLEASE EXPLAIN THE GROWTH PLANS YOU FORESEE FOR DIMCOIN IN YOUR COUNTRY?**

- ✓ **THANK YOU! YOU CAN UPLOAD YOUR APPLICATION DIRECTLY TO US USING THE CONTACT FORM ON [DIM.FOUNDATION](https://dim.foundation) OR EMAIL IT TO [AMBASSADOR@DIM.FOUNDATION](mailto:ambassador@dim.foundation).**
- ✓ **WE WILL REVIEW YOUR ANSWERS AND GIVE YOU FEEDBACK.**