



Refreshing World_

International DISTRIBUTOR QUESTIONNAIRE FORM

Please complete and send or fax to the following address:

Taj group of companies

Taj Agro International

(A Division of TaJ Pharmaceuticals Ltd.) 434, Laxmi Plaza, Laxmi Industrial Estate,

New Link Road, Andheri (W) Mumbai- 400 053. India. Phone : General EPA BX 91 - 22 - 26322701

91 - 22 - 26374592/93 91 - 22 - 30601000 **Fax :** 91-22-26322167



Website: <u>www.tajpharmaceuticals.com</u> / <u>www.tajpharma.com</u> <u>www.tajapi.com / www.tajagroproducts.com</u> Email: <u>tajpharmaceuticals@gmail.com/ tajpharma@rediffmail.com</u>



From-2AG

INTERNATIONAL DISTRIBUTION

The following information must be provided in order to be considered as a Distributor of TAJ AGRO INTERNATIONAL (A Division of Taj Pharmaceuticals Limited.) Products. Please provide as much information as possible.

PLEASE NOTE: THIS QUESTIONNAIRE DOES NOT CONSTITUE A CONTRACT OR ANY OFFER FOR DISTRIBUTIONSHIP. TAJ AGRO INTERNATIONAL (A DIVISION OF TAJ PHARMACEUTICALS LIMITED.) RESERVES THE RIGHT TO ACCEPT OR REJECT THIS QUESTIONNAIRE AT ITS DISCRETION.

I. COMPANY INFORMATION

Company Name:			
Office Address: _			
P.O. Box :			
City/State/Provin	nce:		
Postal Code:		Country	
Telephone Numb			
	Country Code	Main Number	Extension, if any
Fax Number:			
Person to Contac	4.		
Title:			
Mobile Number:			
Company Websit			
	Please Indicate	below, your type of B	Business:-

□ F.M.C.G. Manufacturer □ Distributor

□Broker/ Trading Company □ Marketing Company □ other describe below

II. ORGANIZATION

Which year was your Business Established? ______
 Indicate number of years in Agro Products related Business: _______
 In which countries, beside your own, do you provides your service:

4) Is your company a Division or subsidiary of another company? □ YES □NO If yes, please list the name and location of Parent company:

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- 5) How many people does your company employ?
- 6) How many sales representatives are in your company?
- 7) Does your company sell through independent sales representatives, Agents or Distributors □ YES □ NO

If "yes", please provide a brief explanation of the number and type of Other sales:

8) List the names of the following principal executives:

President/ CEO: ____

Managing Director/ General Manager:______ Vice president/ Manager - Sales:______

Vice President/Manager - Marketing:

III. SALES & MARKETING

Segment of Products Interested in-:

1) How many sales representatives will be selling our products:

2) Are these sales representatives experience in Agro Products sales? Yes No

3) Will you Hire or Appoint a Marketing Manager for our products?
Yes No

4) What Agro / FMCG Products Manufacturers and products do you currently represent?

5) What Agro Products category (or categories) does your company specialize?

6)How do you promotionally support you	ur product lines in General?
Advertising:	Promotions:
Consumer Magazines	In-store events
🗌 Newspaper	Special pricing
Trade Magazines	Direct-Mailings
🗌 Local Ratio	Sample support
	Super-Markets
	Detailing of Traders, Stockiest, etc
Other	other:

7) Number of Accounts and Distribution channels Total number of Accounts:

Of all your accounts, please provide number in each category:

Stockiest	
Whole sellers'	
Manufacturers	_
Importers/Traders	
Farms	

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Other	Refreshing World
8)What market do you focus on?	
Government Tenders Super-Markets Direct Sale	
Importers/Traders Other:	
a. What are the specific Tariff rates/ Import duties on certain Agro based Products Vs other commodities?	

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b. Please specify, international sales tax : _____

VI. SALES PROJECTIONS

Please complete the table below for sales projections of each product you choose to distribute in your local market. If you wish to go beyond your local market, Contact us for additional information.

If you need additional space, please use Microsoft Excel to create a larger list.

Sales Projection	1 st Year of Sales	2 nd Year of Sales	3 rd Year of Sales
Product Description			
1.	Units	Unites	Units
2.	Units	Units	Units

VII. REFERENCE

1) BANK REFERENCE

Name of your Bank:	
Address:	
-	
Telephone:	
Fax:	

2) COMMERCIAL REFERENCE (Pease provide us with at least two references)

Business Name:		
Address:		
Contact Name: _		
Contact Telephor	e:	
E-mail-:		



Business Name:		TajAgro /
Contact Name:	Business Name:	Refreshing World
Contact Name:		
Contact Name:		
Contact Name:		
Contact Telephone:		
E-mail-: Business Name: Address: Contact Name: Contact Telephone: SEA: SEA: SEA: SEA: Title: Address (if different from your office Address) Telephone: Fax: Fmail Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: SHIP-TO: Please provide the exact ship-to address for orders Name: SHIP-TO: Please provide the exact ship-to address for orders Name: SHIP-TO: Please provide the exact ship-to address for orders Name: SHIP-TO: Please provide the exact ship-to address for orders Name: SHIP-TO: Please provide the exact ship-to address for orders Name: SHIP-TO: Please provide the exact ship-to address for orders Name: SHIP-TO: Please provide the exact ship-to address for orders Name: SHIP-TO: Please provide the exact ship-to address for orders Name: SHIP-TO: Please provide the exact ship-to address for orders Name: SHIP-TO: Please provide the exact ship-to address for orders Name: SHIP-TO: Please provide the exact ship-to address for orders Name: SHIP-TO: Please provide the exact ship-to address for orders Name: SHIP-	Contact Telephone:	
Business Name:	E-mail-:	
Address:		
Address:		
Address:	Business Name:	
Contact Name:		
Contact Name:Contact Telephone:		
Contact Telephone:		
VIII. ORDER LOGISTICS Ports to be used: AIR:	Contact Name:	
Ports to be used: AIR: AIR:	Contact Telephone:	
Ports to be used: AIR: AIR:		
AIR:	VIII. ORDER LOGISTICS	
SEA:	Ports to be used:	
SEA:	AIR:	
PAYMENT: Who is responsible for payment? Name: Name: Title: Address (if different from your office Address)		
Name: Title: Address (if different from your office Address) Telephone: Fax: Email Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: Person to Contact: Person to Contact: Telephone: Fax:		
Title:		
Address (if different from your office Address)		
Telephone:		
Telephone: Fax: Email Address: Email Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: Person to Contact: Telephone: Fax:	Address (if different from your office Address)	
Telephone: Fax: Email Address: Email Address: SHIP-TO: Please provide the exact ship-to address for orders Name: Address: Person to Contact: Telephone: Fax:		
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Email Address: SHIP-TO: Please provide the exact ship-to address for orders Name:	Telephone:	
SHIP-TO: Please provide the exact ship-to address for orders Name: Address: Person to Contact: Telephone: Fax:	Fax:	
Name:		
Name:	SHIP TO: Please provide the exact ship to address for orders	
Address:	* *	
Person to Contact:	Address:	
Person to Contact:	Address	
Person to Contact:		
Person to Contact:		
Telephone: Fax:		
Fax:	Telephone:	
Email Address:	Fax:	
	Email Address:	

(5)



INSURANCE: Is a Certificate of Insurance required with each shipment? ☐ Yes ☐ No

FREIGHT - FORWARDER: Please specify if there is a particular freight forwarder that you Prefer, use presently or that your have worked with in the past. Name:

Address:

Person to Contact:
Telephone:
Fax:
Email Address:
DOCUMENTS: Please indicate which documents are required with e

DOCUMENTS: Please indicate which documents are required with each Shipment

		v 1	/
□ Airway Bill	Certificate	of Origin	□ Other

THE FOLLOWING INFORMATION MUST ACCOMPANY THIS QUESTIONNAIRE.

- Wholesale License, or Authorization to Import
- List of all countries where you are requesting Distribution rights.
- A corporate brochure from your company, if available

Thank you for taking the time to complete this Questionnaire. It is Important to us, TAJ AGRO INTERNATIONAL (A Division of Taj Pharmaceuticals Limited); to insure that our Distributors are knowledgeable of the Market, Experienced in sales and marketing, and financially secure to properly Support the process.

Upon reviewing your information, we will contact you as soon as possible. Please Do not hesitate to contact us if you have any questions or comments.

Your interest in our Agro Products and FMCG Division is greatly appreciated.



See cover page for instructions for returning this Questionnaire form to us!