

Company Profile

COMPANY NAME		
ADDRESS		
POSTCODE	CITY	PROVINCE
TELEPHONE	FAX	
HOME PAGE		
E-MAIL		
CONTACT PERSON		
JOB TITLE		

1. ACTIVITY SECTOR

INDUSTRY

TEXTILE/FASHION

PLASTIC/RUBBER

METALLURGY

MECHANICAL

ENGINEERING

WOOD/FURNITURE

FOOD/AGROINDUSTRY

PRODUCT AND SERVICES FOR THE BUILDING SECTOR

WELLNESS AND BEAUTY

CHEMISTRY

SERVICES

OTHER (specify) _____

2. DESCRIPTION OF THE PRODUCTS/SERVICES

DESCRIPTION	DUTY CODE

Who is the final consumer of your products/services?

What is the main application of your products/services?

3. COMPANY INFORMATION

START OF ACTIVITY :	WORKFORCE :
TURNOVER (Mln. €) :	EXPORT TURNOVER (%) :
2011 _____	% 2011 _____
2012 _____	% 2012 _____

Where do you sell your product?

GEOGRAFIC AREA	0-15%	15-40%	40-60%	60-100%
Italy				
Europe				
Asia				
Usa and Canada				
Latin America				
Mediterranean				
Middle East				

4. COMMERCIAL PROFILE

Main factor of competitiveness of your company:

- | | |
|-----------------------|-------------------------|
| Design | Ratio price/quality |
| Quality | Brand name/Presentation |
| Technology | Range of products |
| Other (specify) _____ | |

Presence in foreign markets (please indicate the countries):

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Your presence in foreign markets:

Direct
Representative
License
Joint venture

Franchising
Main Distribution
Importer/Distribution
Other (specify) _____

Main Competitors:

ENTERPRISES	COUNTRY

5. MARKET INFORMATION

Previous Experience in the local market (if any):

Is your company in contact with local companies?

Yes No

Would you like to contact any specific company?

Yes No

If yes, specify the name and the address

NAME	ADDRESS	TELEPHONE	CONTACT PERSON

Is there any specific company you want NOT to contact?

Yes No

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If yes, specify the name and the address

NAME	ADDRESS	TELEPHONE	CONTACT PERSON

6. PARTNER RESEARCH

Type of partner you are looking for:

Direct
 Representative
 License
 Joint venture

Franchising
 Main Distribution
 Importer/Distribution
 Other (specify) _____

Describe briefly the profile of the partner you would like to meet:

7. PERSON IN CHARGE OF THE MISSION – FOREIGN LANGUAGES SPOKEN

NAME AND SURNAME
WORKING POSITION
TEL. _____ MOB. _____
E MAIL _____
LANGUAGE SPOKEN _____