**Application and Company Profile for Agriculture and Food Ingredient sector**

# Contact details

|  |  |
| --- | --- |
| **Name of company:** |       |
| **Office address:** |       |
| **P.O. Box:** |       |
| **Town and postal code:** |       |
| **Person in charge of export:** |       |
| **Telephone:** |       |
| **Mobile:** |       |
| **E-mail:** |       |

|  |  |
| --- | --- |
| **Farm/Factory address:** |       |
| **Town and postal code:** |       |
| **GPS data:** |       |

# Enterprise details

|  |
| --- |
| **Type of business (multiple selection possible)** |
| [ ]  Raw material producer  | [ ]  Processor  | [ ]  Trader  | [ ]  Exporter  |
| [ ]  Other, please specify: |       |

|  |  |
| --- | --- |
| **Legal status of your Enterprise:**  |  |
| **Total company ownership by Women (%):** |       |
| **No of Women leaders in decision-making & designations:** |       |
|  |
|  |
| **Year of establishment:** |  |
| **Total number of employees:** |       |
| **Total number of women employees:** |  |
| **Number of employees in management and administration:** |       |
| **Number of employees in production:** |       |
| **Number of employees fluent in English:** |       |
| **Number of seasonal workers:** |  |

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| **Is your Enterprise partly or fully owned by the state?** |
| [ ]  No [ ]  Yes. Please specify: |       |
| **Does your Enterprise have investors from foreign countries?** |
| [ ]  No [ ]  Yes. Please specify: |       |
| **Has your Enterprise already participated in a SIPPO or CBI programme?** |
| [ ]  No [ ]  Yes. Please specify: |       |
| **Total turnover per year:** |
| [ ]  < € 500’000 | [ ]  € 500’000 to 1’000’000 |
| [ ]  € 1’000’000 to 5’000’000 | [ ]  > € 5’000’000 |

# Marketing tools

**Do you have a website?**

|  |  |
| --- | --- |
| [ ]  No [ ]  Yes. Please specify: |       |

**Do you have a company brochure to present your company to potential customers?**

[ ]  No [ ]  Yes

**Do those in charge of sales and export have personal business cards with their name and contact data?**

[ ]  No [ ]  Yes. Please attach the business cards of the main staff in charge of export.

# Export activities

|  |
| --- |
| **Are you already exporting?** |
| [ ]  No | [ ]  Yes |
| % of turnover in export: |       |
| **Are you already exporting to Europe?** |
| [ ]  No | [ ]  Yes |
| % of turnover in European export: |       |

|  |  |
| --- | --- |
| **How many customers do you have in Germany?**   |       |
| **How many customers do you have in other European countries?** |       |

# Trade fairs in Europe

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| --- |
| **Have you attended any trade fairs in Europe in the past five years as a visitor?** |
| [ ]  No [ ]  Yes. Please specify: |       |
| **Have you attended any trade fairs in Europe in the past five years as an exhibitor?** |
| [ ]  No [ ]  Yes. Please specify: |       |

# Product details

|  |
| --- |
| **Main product** |
| Product name: |        |
| Short description:(Type of industry application (food, cosmetic and/or Phamaceutical), type of packaging used for export) |       |
| Certification:(internationally recognized) |       |
| Production capacity per month according to… |  |
| Machinery installed: |       |
| Financial capacity: |       |

|  |
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| **Other products** |
| Product name: |       |
| Short description:(Type of industry application (food, cosmetic, Phamaceutical), type of packaging used for export) |       |
| Certification:(internationally recognized) |       |
| Production capacity per month according to… |  |
| Machinery installed: |       |
| Financial capacity: |       |
| Product name: |       |
| Short description:(Type of industry application (food, cosmetic, Phamaceutical), type of packaging used for export) |       |
| Certification:(internationally recognized) |       |
| Production capacity per month according to… |  |
| Machinery installed: |       |
| Financial capacity: |       |
|  |  |
| Product name: |       |
| Short description:(Type of industry application (food, cosmetic, Phamaceutical), type of packaging used for export) |       |
| Certification:(internationally recognized) |       |
| Production capacity per month according to… |  |
| Machinery installed: |       |
| Financial capacity: |       |

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| --- |
|       |

Name

|  |
| --- |
|       |

Position

|  |  |  |
| --- | --- | --- |
| Date |  | Signature & Stamp |

Please return this form to the person who has provided you with this form.