**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:** |  | |

|  |  |  |
| --- | --- | --- |
| **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

|  |  |
| --- | --- |
| **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: |  |

|  |  |
| --- | --- |
| **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: |  |

|  |
| --- |
|  |

Name

|  |
| --- |
|  |

Position

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

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