



INTERNATIONAL DISTRIBUTOR QUESTIONNAIRE

Please complete and send or fax to the following address:

**180 Mount Airy Rd. Suite 201
Basking Ridge, NJ 07920 USA
Phone: 908-630-0950
Fax: 908-630-0940
Email: info@ccipharm.com
Website: www.ccipharm.com**

INTERNATIONAL DISTRIBUTOR QUESTIONNAIRE

The following information must be provided in order to be considered as a distributor of CCI Pharmaceutical products. Please provide as much information as possible.

PLEASE NOTE: THIS QUESTIONNAIRE DOES NOT CONSTITUTE A CONTRACT OR ANY OFFER FOR DISTRIBUTORSHIP. CCI RESERVES THE RIGHT TO ACCEPT OR REJECT THIS QUESTIONNAIRE AT ITS DISCRETION.

I. COMPANY INFORMATION

Company Name: _____

Street Address: _____

P.O. Box: _____

City/State/Province: _____

Postal Code: _____ Country: _____

Telephone Number: _____ - _____

Country Code Main Number Extension, if any

Fax Number: _____ - _____

Country Code Main Number

Person to Contact: _____

Title: _____

E-mail Address: _____

Mobile Number: _____

Company Website: _____

Please indicate below, your type of business:

Pharmaceutical Manufacturer Distributor

Broker/Trading Company Marketing Company Other describe below

II. ORGANIZATION

- 1) What year was your business established? _____
- 2) Indicate number of years in pharmaceutical-related business: _____
- 3) In which countries, beside your own, do you provide your services?

- 4) Is your company a division or subsidiary of another company? YES NO
If yes, please list the name and location of parent company:

- 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) Please provide us with your company's sales (in USD) for the following years:
- 2006 US \$ _____
- 2007 US \$ _____
- 2008 US \$ _____
- 2009 US \$ _____
- 9) 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

- 1) How many sales representatives will be selling our products: _____
- 2) Are these sales representatives experienced in pharmaceutical sales? Yes No
- 3) Will you hire or appoint a marketing manager for our products? Yes No
- 4) What pharmaceutical manufacturers and products do you currently represent?

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

6) How do you promotionally support your product lines in general?

Advertising:

- Consumer Magazines
- Newspapers
- Trade Magazines
- Local Radio
- Television
- Other: _____

Promotions:

- In-store events
- Special pricing
- Direct-mailings
- Sample support
- Detailing of doctors, dentists, etc
- other: _____

7) Number of Accounts and Distribution channels

Total Number of Accounts: _____

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

- Beauty Salons _____
- Department Stores _____
- Drug Stores _____
- Supermarkets _____
- Wholesalers _____
- Variety Stores _____
- Other _____

8) What markets do you focus on?

- Government tenders
- Private Hospitals
- Pharmacies
- Physicians
- other: _____

9) What are the specific Tariff rates/Import duties on certain pharmaceutical products, such as cosmetics versus pharmaceuticals?

10) Please specify, international sales tax on VAT tax rates: _____

V. REGISTRATION & LICENSING

Product	Registration	
	Cost	Time Frame

1) Are separate registrations required for each strength or size of a product?

2) How long is a Product License/Marketing Authorization in effect? _____

3) Can the license be renewed Yes No How Long? _____ Cost? _____

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	Units	Units
2.	Units	Units	Units

VII. REFERENCES

1) BANK REFERENCE

Name of your Bank: _____

Address: _____

Telephone: _____

Fax: _____

2) **COMMERCIAL REFERENCES** (USA if available, otherwise, please provide us with at least 2 international references)

Business Name: _____

Address: _____

Contact Name: _____

Contact Telephone: _____

.....

Business Name: _____

Address: _____

Contact Name: _____

Contact Telephone: _____

.....

Business Name: _____

Address: _____

Contact Name: _____

Contact Telephone: _____

VIII. ORDER LOGISTICS

Ports to be used:

AIR: _____

SEA: _____

PAYMENT: Who is responsible for payment?

Name: _____

Title: _____

Address (if different from your headquarters address)

Telephone: _____

Fax: _____

Email Address: _____

SHIP-TO: Please provide the exact ship-to address for orders

Name: _____

Address: _____

Person to Contact: _____

Telephone: _____

Fax: _____

Email Address: _____

INSURANCE: Is a Certificate of Insurance required with each shipment?

Yes No

INSPECTION: Is SGS inspection (or other) required? Yes No

Freight-Forwarder: Please specify if there is a particular freight forwarder that you prefer, use presently or that you have worked with in the past.

Name: _____

Address: _____

Person to Contact: _____

Telephone: _____

Fax: _____

Email Address: _____

DOCUMENTS: Please indicate which documents are required with each shipment

Commercial Invoice (How many copies?) _____

Airway Bill Certificate of Origin Certificate of Analysis

other _____

THE FOLLOWING INFORMATION MUST ACCOMPANY THIS QUESTIONNAIRE:

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- **Drug Wholesale License, or Ministry of Health 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, at CCI, 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 pharmaceuticals products is greatly appreciated.