

## Company Profile

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

### 1. ACTIVITY SECTOR

- |  |   |
|--|---|
| <input type="checkbox"/> INDUSTRY        | <input type="checkbox"/> FOOD/AGROINDUSTRY                            |
| <input type="checkbox"/> TEXTILE/FASHION | <input type="checkbox"/> PRODUCT AND SERVICES FOR THE BUILDING SECTOR |
| <input type="checkbox"/> PLASTIC/RUBBER  | <input type="checkbox"/> WELLNESS AND BEAUTY                          |
| <input type="checkbox"/> METALLURGY      | <input type="checkbox"/> CHEMISTRY                                    |
| <input type="checkbox"/> MECHANICAL      | <input type="checkbox"/> SERVICES                                     |
| <input type="checkbox"/> ENGINEERING     | <input type="checkbox"/> OTHER (specify) _____                        |
| <input type="checkbox"/> WOOD/FURNITURE  |   |

### 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

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

**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:**

- |  |  |
|--|--|
| <input type="checkbox"/> Design                | <input type="checkbox"/> Ratio price/quality     |
| <input type="checkbox"/> Quality               | <input type="checkbox"/> Brand name/Presentation |
| <input type="checkbox"/> Technology            | <input type="checkbox"/> Range of products       |
| <input type="checkbox"/> Other (specify) _____ |  |

**Presence in foreign markets (please indicate the countries):**


**Your presence in foreign markets:**

- |   |  |
|---|--|
| <input type="checkbox"/> Direct         | <input type="checkbox"/> Franchising           |
| <input type="checkbox"/> Representative | <input type="checkbox"/> Main Distribution     |
| <input type="checkbox"/> License        | <input type="checkbox"/> Importer/Distribution |
| <input type="checkbox"/> Joint venture  | <input type="checkbox"/> 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

If yes, specify the name and the address

NAME	ADDRESS	TELEPHONE	CONTACT PERSON

## 6. PARTNER RESEARCH

Type of partner you are looking for:

- |   |  |
|---|--|
| <input type="checkbox"/> Direct         | <input type="checkbox"/> Franchising           |
| <input type="checkbox"/> Representative | <input type="checkbox"/> Main Distribution     |
| <input type="checkbox"/> License        | <input type="checkbox"/> Importer/Distribution |
| <input type="checkbox"/> Joint venture  | <input type="checkbox"/> 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	