



International DISTRIBUTOR QUESTIONNAIRE FORM

TAJ API

Please complete and send or fax to the following address:

Taj group of companies

Active Pharmaceuticals Ingredients

(A Division of Taj Pharmaceuticals Ltd.)

434, Laxmi Plaza, Laxmi Industrial Estate,
New Link Road, Andheri (W)

Mumbai- 400 053. India.

Phone : General EPA BX

91 - 22 - 26374592

91 - 22 - 26374593

91 - 22 - 30601000

Fax : 91-22-26341274



Website: www.tajpharmaceuticals.com / www.tajpharma.com

www.tajapi.com / www.tajagroproducts.com

Email: tajpharmaceuticals@gmail.com / tajpharma@rediffmail.com

- 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) 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) Segment of Products Interested in-: (a) A.P.I. Products (b) Chemicals Products (C) Others _____

Please Provide the Product details you are interested in-:

- 1) How many sales representatives will be selling our products: _____
 2) Are these sales representatives experience in API Products sales? Yes No
 3) Will you Hire or Appoint a Marketing Manager for our products? Yes No
 4) What A.P.I./ Chemicals Products Manufacturers and products do you currently represent?

- 5) What A.P.I category (or categories) does your company specialize?

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

Advertising:

Consumer Magazines

Newspaper

Trade Magazines

Local Ratio

Other _____

Promotions:

In-store events

Special pricing

Direct-Mailings

Sample support

Detailing of Traders, Stockiest, etc

other: _____

- 7) Number of Accounts and Distribution channels

Total number of Accounts: _____

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

Stockiest _____

Whole sellers' _____

Manufacturers _____

Importers/Traders _____

Other _____

8) What market do you focus on?

- Government Tenders Pharmaceuticals Manufacturers
 Importers/Traders other: _____

a. What are the specific Tariff rates/ Import duties on certain A.P.I. Products versus other commodities?

b. Please specify, international sales tax : _____

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 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 Product Description	1st Year of Sales	2nd Year of Sales	3rd Year of Sales
1.	Units	Unites	Units
2.	Units	Units	Units

VII. REFERENCE

1) BANK REFERENCE

Name of your Bank: _____

Address: _____

Telephone: _____

Fax: _____



2) COMMERCIAL REFERENCE (Please provide us with at least two references)

Business Name: _____
Address: _____

Contact Name: _____
Contact Telephone: _____
E-mail: _____

.....

Business Name: _____

Contact Name: _____
Contact Telephone: _____
E-mail: _____

.....

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 office 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

FREIGHT - FORWARDER: Please specify if there is a particular freight forwarder that you Prefer, use presently or that your 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

- **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 Taj Pharmaceuticals Active Pharmaceuticals Ingredients (A Division of Taj Pharmaceuticals Ltd.); 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 A.P.I. Products is greatly appreciated.



See cover page for instructions for returning this Questionnaire form to us!