# Please complete all fields and send form to info@afcotraders.uk

# H.1 – Product Basic Information.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COMPANY INFORMATION | | | | | | | | | | |
| 1 Legal Company Name | | | |  | | | | | | |
| 2 Full Company Address | | | |  | | | | | | |
| 3 City |  | | | | | | | | 4 Postal Code |  |
| 5 Region | |  | | | 6 State /Province | |  | | | |
| Country | | | |  | | | | | | |
| 8 Telephone | | |  | | | 9 Email | |  | | |
| 10 Contact Name | | | |  | | | | | | |
| 11 Web Page | | | |  | | | | | | |
| 12 TAX Number (VAT) | | | |  | | | | | | |
| 13 In Business since (Month/Year) | | | |  | | | | | | |
| 14 Parent Company (if Any) | | | |  | | | | | | |

|  |
| --- |
| PRODUCT INFORMATION |
| 15 Brief description of Your Products: |
|  |
| 16 Special Information such as: Gluten Free, Sugar Free, etc.: |
|  |
| 17 Other Important Information |
|  |
| 18 Please name the countries you are selling your products, if any |
|  |
| 19 Countries/ Specialty Stores/Food Chains where your products are present |
|  |
| 20 Website/Web shops where your products are exhibited   |  |  |  | | --- | --- | --- | | WEBSITE | WEBSITE | WEBSITE | |  |  |  | |  |  |  | |  |  |  | |
| 21 Detailed info about foreign languages documents such as catalogues, leaflets, etc.: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| INFORMATION OF FOOD/BEAUTY PRODUCTS SAFETY AND SECURITY PROGRAMS(DO NOT FILL IF YOU ARE A WINE MAKER OR DISTILLERY) | | | |
| 22 Food/Beauty products Safety/Security Program | | | |
|  | | | |
| 23 In force since (month/year) | 24 Government Office that supervise / audit | 25 Other Information | |
|  |  |  | |
| FOREIGN MARKET OF YOUR INTEREST | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 24 AD Global Markets of your interest | 25 Interest Y/N | 26 Previous Contacts  Y/N | 27 Samples sent to contacts  Y/N | 28 Current Sales  Y/N | 29 Comments | | USA |  |  |  |  |  | | United Kingdom |  |  |  |  |  | | Ireland |  |  |  |  |  | | Norway |  |  |  |  |  | | Spain |  |  |  |  |  | | Czech Republic |  |  |  |  |  | | Dominican Republic |  |  |  |  |  | | Venezuela |  |  |  |  |  | | | |
|  | | |
|  | | |
| 30 FDA Number (if any) | | |
| 31 Other relevant information and comments | | |
|  | | |
| Date of completion of this form and name of person | | |