Dear Sirs.

Preparation of an individual offer requires data concerning your expectations, therefore we kindly ask you to fill in the questionnaire below

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| **TYPE OF EXPECTED SERVICE** |
|  Innovative project [ ]  |  Recreating the market benchmark [ ]   |  Transfer of Production [ ]  |
| **INFORMATION ABOUT YOUR COMPANY** |
| Name (according to the registration document) |
| Address:  |
| e-mail:  | WWW:  |
| Tel/fax  | TAX id: |
| Contact person:  |
| Position:  |

|  |
| --- |
| **Product data** |
| 1) | **Product registration**[ ]  Cosmetic , [ ]  Medical Device , [ ]  Food/Dietary supplement, [ ]  Pet care product ,[ ]  Biocide , [ ]  Other (determine:……………..) |
| 2) | **Intended use / short product description / product form (e.g. emulsion, gel, liquid):** |
| 3) | **Benchmark :**  |
| 4) | **Packaging type / capacity :** |
| 5) | **Target group / age of users / product application area :** |
| 6) | **Indications for use / intended use of the product :**  |
| 7) | **Expected active ingredients in the product :** |
| 8) |  **Ingredients undesirable in the product :** |

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| 9) | **Marketing declarations for the product:** |
| 10) | **Whether the product is to meet specific system requirements**[ ]  Cosmos Organic; [ ]  Cosmos Natural; [ ]  Vegan; [ ]  Halal[ ]  Other (Determine:……………) |
| 11) | **Product specification / product requirements**Appearance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Smell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_pH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Thickness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Viscosity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Microbiological purity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Inne:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12) | Shelf life of the product / shelf life after opening the package (PAO) |
| 13) | Estimated price of the finished product |
| 14) | Other expectations |

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| Data  | Name and surname |  |

Please send the completed sheet to adrian.baranek@lideal.pl

For more information, please contact us at the phone numbers

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