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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