From -2A

International

DISTRIBUTOR QUESTIONNAIRE FORM

Please complete and send or fax to the following address:

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Taj group of companies

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

From -2A

INTERNATIONAL DISTRIBUTION

The following information must be provided in order to be considered as a Distributor of Taj Pharmaceuticals Ltd. Products. Please provide as much information as possible.

PLEASE NOTE: THIS QUESTIONNAIRE DOES NOT CONSTITUE A CONTRACT OR ANY OFFER FOR DISTRIBUTIONSHIP. TAJ PHARMACEUTICALS LTD. RESERVES THE RIGHT TO ACCEPT OR REJECT THIS QUESTIONNAIRE AT ITS DISCRETION.

I. COMPANY INFORMATION

Company Name:_____

Office Address: _____

P.O. Box : _____

City/State/Province:_____

Postal Code:_____Country_____

Telephone Number_____ _____

Country Code Main Number Extension, if any

Fax Number: _____ _____

Person to Contact:_____

Title:_____

E-mail Address: _____

Mobile Number: _____

Company Website: _____

Please Indicate below, your type of Business:-

☐ Pharmaceutical Manufacturer ☐ Distributor

☐ Broker/ Trading Company ☐ Marketing Company ☐ other describe below

_____

_____

II. ORGANIZATION

1)Which year was your Business Established? _____

2)Indicate number of years in Pharmaceutical/Healthcare-related Business:_____

3)In which countries, beside your own, do you provides your service:

_____

4) Is your company a Division or subsidiary of another company? ☐YES ☐NO

If yes, please list the name and location of Parent company:

_____

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) Allopathic Products ☐ (b)Ayurvedic / Herbals Products ☐ (c) O.T.C Products (d) Others _____

Please Mention the Product details below-:

_____

_____

_____

_____

2) How many sales representatives will be selling our products:_____

3) Are these sales representatives experience in Pharmaceutical sales ☐ Yes ☐ No

4) Will you Hire or Appoint a Marketing Manager for our products? ☐ Yes ☐ No

_____

_____

5) What Pharmaceutical Manufacturers and products do you currently represent?

_____

6) What Pharmaceutical category (or categories) does your company specialize?

_____

7) 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
- ☐ Super-Markets
- ☐ 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 _____

Clinics _____

Drug Stores _____

Supermarkets _____

Whole sellers' _____

Hospitals _____

Other _____

8)What market do you focus on?

☐ Government Tenders ☐ Private Hospitals ☐ Physicians
☐ Pharmacies ☐ other: _____

a. What are the specific Tariff rates/ Import duties on certain Pharmaceutical Products such as Health-care versus Pharmaceuticals?

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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 (Pease 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: _____

From -2A

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 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 Pharmaceuticals products is greatly appreciated.

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