



# International Company Profile Questionnaire



*We would be very grateful if you could complete the following questionnaire*

International Company Profile is requested for the following company by:

## A. ORGANIZATION

Company Name:		
Address:		
City/Region:	Country:	Postal Code:
Company Web Site:		
Contact Person:		Title:
Contact Tel:		Contact Fax:
Contact E-mail:		
Other Key Employees		
Name	Title	Telephone no. and e-mail
Current Owners		
Name of Owner:		
Ownership interest:		
Previous Owners:		

## 1. PREVIOUS OR OTHER COMPANY NAMES

Company Name:		
Address:		
City/Region:	Country:	Postal Code:
Company Name:		
Address:		
City/Region:	Country:	Postal Code:

## 2. NAME OF PARENT COMPANY

Company Name:		
Address:		
City/Region:	Country:	Postal Code:

## 3. NAME OF SUBSIDIARY COMPANY

Company Name:		
Address:		
City/Region:	Country:	Postal Code:

**4. NAME OF ASSOCIATE COMPANY**

Company Name:		
Address:		
City/Region:	Country:	Postal Code:

**5. NAME OF BRANCH OFFICE**

Company Name:		
Address:		
City/Region:	Country:	Postal Code:

**B. COMPANY INFORMATION**

Year Established:	Number of Employees:
Company Activity: (select all that apply)	
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Service Company
<input type="checkbox"/> Exclusive distributor	<input type="checkbox"/> Franchiser
<input type="checkbox"/> Export Management Company	<input type="checkbox"/> Other (please specify):
Sales Range:	
Affiliates:	
Import from:	
Export to:	

**C. FOREIGN FIRMS REPRESENTED (Name and Address)**

Company Name:		
Contact Person and Title:		
Address:		
City/Region:	Country:	Postal Code:
Products/Services:		
Company Name:		
Contact Person and Title:		
Address:		
City/Region:	Country:	Postal Code:
Products/Services:		

**D. U.S. TRADE REFERENCES**

Company Name:		
Contact Person and Title:		
Address:		
City/Region:	Country:	Postal Code:
Products/Services:		
Company Name:		
Contact Person and Title:		
Address:		
City/Region:	Country:	Postal Code:
Products/Services:		

**E. TRADE REFERENCES - LOCAL SUPPLIERS**

Company Name:		
Address:		
City/Region:	Country:	Postal Code:
Company Web Site:		
Contact Person:	Title:	
Contact Tel:	Contact Fax:	
Contact E-mail:		

Company Name:		
Address:		
City/Region:	Country:	Postal Code:
Company Web Site:		
Contact Person:	Title:	
Contact Tel:	Contact Fax:	
Contact E-mail:		

**F. TRADE REFERENCES - LOCAL CUSTOMERS**

Company Name:		
Address:		
City/Region:	Country:	Postal Code:
Company Web Site:		
Contact Person:	Title:	
Contact Tel:	Contact Fax:	
Contact E-mail:		

Company Name:		
Address:		
City/Region:	Country:	Postal Code:
Company Web Site:		
Contact Person:	Title:	
Contact Tel:	Contact Fax:	
Contact E-mail:		

**G. BANK REFERENCE**

Bank Name:		
Address:		
City/Region:	Country:	Postal Code:
Company Web Site:		
Contact Person:	Title:	
Contact Tel:	Contact Fax:	
Contact E-mail:		

**H. NAMES OF MEMBER ASSOCIATIONS**


## I. FINANCIAL DOCUMENTS

Can your company provide us with a copy of your latest profit/loss statement, assets, liabilities and/or copy of latest annual report? Yes  No

If no financial information can be made available, please state reason.

### THIS SECTION IS FOR COMPLETION BY A COMPANY WITH A MANUFACTURING FACILITY

Name of Factory:

Address:

Joint Venture with:

Date Production Started:

Site Area:

**Products Manufactured**

**Volume of Production Per Month**

Completed by:

Date: