

CLIENT PROFILE

The following information is required from all clients prior to entering a client relationship. Please complete the following noting that all information provided will be kept strictly confidential.

Company Name:	
Date of Establishment:	Date of Fiscal Year-End:
Date of Incorporation (if applicable):	Business Number:
Company Physical Address:	
Company Mailing Address: (if Different)	
Company Phone Number:	
Company Fax Number:	
Company General Email:	
Company Website:	
Company Social Media:	
Main Contact Name(s):	
Main Contact Phone(s):	
Main Contact Email(s):	
Company Ownership (with percentage if applicable)	
Is There Shareholder's Agreement in Place: If So, anything that prevents/interferes with this business relationship:	
Company Management (with title)	
Name:	Title:

Annexure 1

Industry: _____

Brief History of Company and Description of Company Activities/Products/Targeted Customers/Marketing Products/Price List:

SUPPLIER PREQUALIFICATION EXPORT APPLICATION		
COMPANY CONTACT INFORMATION		
Company Name:		
Phone:	Fax:	Website:
Current Address:		
City:	Province:	Postal Code:
Contact Name:	Phone:	Email:
PRODUCT INFORMATION		
Product Name:		
Product Description:		
(for two or more products use additional product information sheet)		
Annual Production Capacity:	Annual Sales:	Annual Revenue:
Unit Cost:	Wholesale Price:	MSRP:
EXPORT INFORMATION		
Are you currently exporting products? (if Yes please specify where)		
Is the product packaging export ready? (if No, what modification needs to be made)		
Is Company registered any trade contract with Export Development Canada)? (if Yes please specify, which kind of contract company has)		
Product Shipping Dimensions:	Product Shipping Weight:	
CIF (Cost insurance and freight) Price of the goods:	Currency dealing in:	

Annexure 1

Period of goods delivered: ¹		Maximum quantity of goods for single order:	
Please provide us the following documents: (If applicable)		Please specify if you don't have any of these documents:	
<ul style="list-style-type: none"> • Packaging List • Insurance Documents • Certificate of origin • Certificate of inspection • Certificate of hygiene 			
OTHER REQUIRED MATERIALS IN SUPPORT OF YOUR APPLICATION			
Photo of Product with Specification	Three Product Samples	Marketing/ Promotional Material	
FOR INTERNAL USE			
Product Code:	Product Export To:	Product Inventory:	
SIGNATURES			
I authorize the verification of the information provided on this form. I have received a copy of this application.			
Signature:		Date:	
Signature		Signature	
Name		Name	
Title		Title	

Date: _____

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- ❖ ¹ Signify Period to deliver the product i.e. Fresh products (Perishable Product) not frozen in 24 hours
 - ❖ Non-perishable product like bottle water or frozen products in 6-8 weeks.

ADDITIONAL PRODUCT INFORMATION SHEET		
Product Name:		
Product Description:		
Annual Production Capacity:	Annual Sales:	Annual Revenue:
Unit Cost:	Wholesale Price:	MSRP:
EXPORT INFORMATION		
Are you currently exporting products? (if Yes please specify where)		
Is the product packaging export ready? (if No, what modification needs to be made)		
Is Company registered any trade contract with Export Development Canada)? (if Yes please specify, which kind of contract company have)		
Product Shipping Dimensions:	Product Shipping Weight:	
CIF (Cost insurance and freight) Price of the goods:	Currency dealing in:	

Annexure 1

Period of goods delivered ² :		Maximum quantity of goods for single order:	
Please provide us the following documents: (If applicable) Packaging List <ul style="list-style-type: none"> • Insurance Documents • Certificate of origin • Certificate of inspection • Certificate of hygiene 		Please specify if you don't have any of these documents:	
OTHER REQUIRED MATERIALS IN SUPPORT OF YOUR APPLICATION			
Photo of Product with Specification	Three Product Samples	Marketing/ Promotional Material	
FOR COMPANY INTERNAL USE INVENTORY PURPOSES			
Product Code:	Product Export To:	Product Inventory:	
Authorized Signature		Authorized Signature	
Name		Name	
Title		Title	
Please provide your national ID Card Number and a copy:			

Date:

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- ❖ ² Signify Period to deliver the product i.e. Fresh products (Perishable Product) not frozen in 24 hours
 - ❖ Non-perishable product like bottle water or frozen products in 6-8 weeks.