

# Missione VIETNAM – 9/16 novembre 2013

## Company Profile

Da inviare via mail a: desk.vietnam@rer.camcom.it

<b>COMPANY NAME</b>		
<b>ADDRESS</b>		
<b>POSTCODE</b>	<b>CITY</b>	<b>PROVINCE</b>
<b>TELEPHONE</b>	<b>FAX</b>	
<b>HOME PAGE</b>		
<b>E-MAIL</b>		
<b>CONTACT PERSON</b>		
<b>JOB TITLE</b>		

### 1. ACTIVITY SECTOR

- |  |   |
|--|---|
| <input type="checkbox"/> INDUSTRY        | <input type="checkbox"/> FOOD/AGROINDUSTRY                            |
| <input type="checkbox"/> TEXTILE/FASHION | <input type="checkbox"/> PRODUCT AND SERVICES FOR THE BUILDING SECTOR |
| <input type="checkbox"/> PLASTIC/RUBBER  | <input type="checkbox"/> WELLNESS AND BEAUTY                          |
| <input type="checkbox"/> METALLURGY      | <input type="checkbox"/> CHEMISTRY                                    |
| <input type="checkbox"/> MECHANICAL      | <input type="checkbox"/> SERVICES                                     |
| <input type="checkbox"/> ENGINEERING     | <input type="checkbox"/> OTHER (specify) _____                        |
| <input type="checkbox"/> WOOD/FURNITURE  |   |

### 2. DESCRIPTION OF THE PRODUCTS/SERVICES

DESCRIPTION	DUTY CODE

Who is the final consumer of your products/services?


**What is the main application of your products/services?**


**3. COMPANY INFORMATION**

<b>START OF ACTIVITY :</b> <b>TURNOVER (Mln. €) :</b> 2011 _____ 2012 _____	<b>WORKFORCE :</b> <b>EXPORT TURNOVER (%) :</b> % 2011 _____ % 2012 _____
--	--

**Where do you sell your product?**

GEOGRAFIC AREA	0-15%	15-40%	40-60%	60-100%
Italy				
Europe				
Asia				
Usa and Canada				
Latin America				
Mediterranean				
Middle East				

**COMMERCIAL PROFILE**

**Main factor of competitiveness of your company:**

- |  |  |
|--|--|
| <input type="checkbox"/> Design                | <input type="checkbox"/> Ratio price/quality     |
| <input type="checkbox"/> Quality               | <input type="checkbox"/> Brand name/Presentation |
| <input type="checkbox"/> Technology            | <input type="checkbox"/> Range of products       |
| <input type="checkbox"/> Other (specify) _____ |  |

**Presence in foreign markets (please indicate the countries):**


**Your presence in foreign markets:**

- |   |  |
|---|--|
| <input type="checkbox"/> Direct         | <input type="checkbox"/> Franchising           |
| <input type="checkbox"/> Representative | <input type="checkbox"/> Main Distribution     |
| <input type="checkbox"/> License        | <input type="checkbox"/> Importer/Distribution |
| <input type="checkbox"/> Joint venture  | <input type="checkbox"/> Other (specify) _____ |

**Main Competitors:**

ENTERPRISES	COUNTRY

**4. MARKET INFORMATION**

**Previous Experience in the local market (if any):**


- Is your company in contact with local companies?  Yes  No  
 Would you like to contact any specific company?  Yes  No

**If yes, specify the name and the address**

NAME	ADDRESS	TELEPHONE	CONTACT PERSON

- Is there any specific company you want NOT to contact?  Yes  No

**If yes, specify the name and the address**

NAME	ADDRESS	TELEPHONE	CONTACT PERSON

### 5. PARTNER RESEARCH

Type of partner you are looking for:

- |   |  |
|---|--|
| <input type="checkbox"/> Direct         | <input type="checkbox"/> Franchising           |
| <input type="checkbox"/> Representative | <input type="checkbox"/> Main Distribution     |
| <input type="checkbox"/> License        | <input type="checkbox"/> Importer/Distribution |
| <input type="checkbox"/> Joint venture  | <input type="checkbox"/> Other (specify) _____ |

Describe briefly the profile of the partner you would like to meet:


### 6. PERSON IN CHARGE OF THE MISSION – FOREIGN LANGUAGES SPOKEN

NAME AND SURNAME	
WORKING POSITION	
TEL.	MOB.
E MAIL	
LANGUAGE SPOKEN	