



Iraq Relief and Reconstruction Fund Company Questionnaire



Please indicate the Service/Product you are interested in:

- Consultancy
 Construction Services
 Supply
 Medical Services

A. CONTACT INFORMATION

Company Name:	
Address:	
City:	Zip Code:
Company Web Site:	
Contact Person:	Title:
Contact Tel:	Contact Fax:
Contact E-mail:	
Alternate Contact:	Title:
Alternate Contact E-mail:	Alternate Contact Tel:

B. COMPANY INFORMATION

Company Activity: <i>(Please select all that apply)</i>	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor/Representative <input type="checkbox"/> Export Management Company	<input type="checkbox"/> Service Company <input type="checkbox"/> Franchiser <input type="checkbox"/> Other <i>(please specify)</i> :
Number of Employees (est.):	
Annual Sales:	
<input type="checkbox"/> Less than \$5 Million <input type="checkbox"/> \$5-10 Million <input type="checkbox"/> More than \$10 Million	
Annual Exports (as % of Total Sales):	
<input type="checkbox"/> Less than 25% <input type="checkbox"/> More than 25%	
Brief Company Description:	

C. PRODUCT/SERVICE INFORMATION

Who are your major competitors at home and abroad? (Optional)

List the most important end-users or end-user industries for this product/service.

What related products might end-users or end-user industries of this product/service also handle?(Optional)

D. BUSINESS OBJECTIVES (OPTIONAL)

What type of business contacts are you seeking?

Distributor / Wholesaler

Joint Venture Partner or Licensee

Agent / Sales Representative

Other (please specify)

Franchisee

Is your firm seeking representation on an exclusive basis in this market? Yes No

Describe any preferences, technical qualifications, servicing capabilities, requirements, or pre-qualifications that end-users must have. (Optional)

Describe any special features of your company's product/service

Are there any special specific information you would want the end-user to know? (Optional)

F. PARTNER INFORMATION (Optional)

Do you have a foreign partner?

Yes

No

If yes, is this arrangement exclusive?

Yes

No

Company name:

Address:	
Contact Person:	Title:
Contact Tel:	Contact Fax:
Contact E-mail:	

Additional comments:

For More Info, please contact: info@irrf.irmo-iq.org

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