

**11 – 14 February 2019**

**Who are you?**

▪ **Company**

Corporate name .....

Address .....

Contact person .....

Position in the company .....

Tel.: ..... Fax: .....

E-mail .....

Website .....

Agents .....

Company's foundation date .....

Does your company belong to a group?  No  Yes

➤ What is the name of the group? .....

In which country is the head office registered?  
.....

Do you have branch offices or subsidiaries in other countries?  No  Yes

In which countries in which cities?  
.....

In which country is the principal production facility located?  
.....

Overall turnover in US \$ and running meters: 2018 \$ .....

Estimate for 2019 \$ .....

Total number of employees:

a) in administration ..... b) in manufacturing .....

c) in sales ..... d) in development/design .....

Total size of production site (in square meters) .....

What is the export share? \_\_\_ % percentage

To which countries? .....

We are licensee of: .....

**Type of company**

Contracting  Full merchandise

Own collection / label

How many collections per season .....

In which country is collection development work done? .....

Please specify your main fabric suppliers .....

Which production stages are handled in your own country and which are outsourced?

Production stages	In your own country %	Outsourced %	Country
Sourcing of fabrics and accessories?			
Design			
CM			
CMT			
Trimming			

▪ **Products & Services**

Ladieswear	_____ %	Menswear	_____ %
Childrenswear	_____ %	Underwear	_____ %
Active Urban	_____ %	Smart elegant	_____ %
Shawls & Scarves	_____ %	Fashion & Accessories	_____ %

**Which type of product do you wish to exhibit? (examples: shirts, knitwear, suits, coats,...)**

.....

**Which other functions / services do you offer? (multiple choice possible)**

<input type="checkbox"/> Design	<input type="checkbox"/> Cutting Layout Production	<input type="checkbox"/> Grading
<input type="checkbox"/> Patternmaking	<input type="checkbox"/> Dyeing	<input type="checkbox"/> Embroidery
<input type="checkbox"/> Pleating	<input type="checkbox"/> Applications	<input type="checkbox"/> Needlework
<input type="checkbox"/> Others: .....	<input type="checkbox"/> Others: .....	

▪ **Production**

What is the weekly production capacity in units?

.....

What are the sampling times, in days?

.....

What type of special machines do you use?

.....

What are the particular technological skills?

.....

Price range of main items (from/to) item ..... Price .....

item ..... Price .....

item ..... Price .....

**Range:**

Basic

Middle

High-end

Do you have a research and development office?

.....

What are your main export markets (as a %)?

.....

What are your main markets in Europe (as a %)?

.....

**Please list a few customer references**

.....

.....

.....

▪ **Selection Committee**

**If you wish your company to participate in the Selection Committee, please note that it is mandatory to submit photos of your products or your website showroom address.**

Place and date ..... Signature .....