



MISSIONE ECONOMICA negli EMIRATI ARABI UNITI

2 novembre 2015 – 7 novembre 2015

Dubai e Abu Dhabi

SCHEDA INFORMAZIONI DELL' AZIENDA

da inviare all'indirizzo e-mail segreteria@associazionevicina.com
insieme al modulo di prenotazione

COMMERCIALISTA DI RIFERIMENTO:

cognome, nome, telefono, e-mail _____

1. COMPANY PROFILE

COMPANY NAME		YEAR OF FOUNDATION	
ADDRESS			
ZIP CODE	CITY		PROVINCE:
FAX	PHONE		
WEBSITE	E- MAIL		
CONTACT PERSON		POSITION	
LANGUAGES SPOKEN			

2. COMPANY DATA

START OF ACTIVITY:	WORKFORCE:
TURNOVER (in Euro):	EXPORT TURNOVER (%):
2013	% 2013
2014	% 2014



FOREIGN MARKET – COUNTRIES YOU ARE CURRENTLY DEALING WITH

EXPORTING TO COUNTRIES	IMPORTING FROM COUNTRIES

YOUR PRESENCE IN FOREIGN MARKET

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

COMMERCIAL REFERENCES

MAIN COMPETITORS IN ITALY AND ABROAD

5. MARKET INFORMATION

PREVIOUS EXPERIENCE IN THE UAE MARKET

Is your company in contact with UAE companies? Yes No

Would you like to contact some specific company? Yes No

If yes, specify the name and the address of the company:

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.....
.....

Are there any companies that you would not like to contact? Yes No

If yes, specify the name and the address of the company:

.....
.....
.....



6. PARTNER RESEARCH

TYPE OF PARTNER YOU ARE LOOKING FOR

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

DETAILED DESCRIPTION OF THE PARTNER YOU WANT TO CONTACT IN THE COUNTRY AND MEETING EXPECTATIONS

7. AIM OF YOUR MISSION

PLEASE INDICATE THE AIM OF YOUR MISSION AND YOUR EXPECTATIONS FROM THIS MISSION

NOTE : A BRIEF PRESENTATION OF THE ITALIAN COMPANY IN ENGLISH NEEDS TO BE SUBMITTED ALONG WITH THIS FORM.



8. PERSON IN CHARGE OF THE MISSION

NAME AND SURNAME:
WORKING POSITION:
TEL.:
MOB.:
E MAIL:
LANGUAGES SPOKEN:

Data

firma del Commercialista

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I dati forniti verranno utilizzati esclusivamente per l'organizzazione della Missione e saranno tutelati rispettando la Privacy; a richiesta sarà emessa l'Informativa completa ai sensi dell'art. 13 D.Lgs. 196/03.

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