



## SECTION B ORGANIZATIONAL INFORMATION

I. Paid- up Registered Capital (Euros) \_\_\_\_\_

II. Last three years turnover (Euros)

Year: \_\_\_\_\_ Turnover: \_\_\_\_\_

Year: \_\_\_\_\_ Turnover: \_\_\_\_\_

Year: \_\_\_\_\_ Turnover: \_\_\_\_\_

III. Total number of employees: \_\_\_\_\_

Sales: \_\_\_\_\_

Marketing: \_\_\_\_\_

Accounts & Finance: \_\_\_\_\_

Logistics & Supply Chain: \_\_\_\_\_

Tax/legal: \_\_\_\_\_

Others: \_\_\_\_\_

IV. Number of years in the chemicals business: \_\_\_\_\_

V. Number of years at present business address: \_\_\_\_\_

VI. Do you have your own facility/warehouse for storing chemicals?

Yes

No

Size of warehousing facility: \_\_\_\_\_

VII. Office premises are: \_\_\_\_\_

Rented

Annual Rent \_\_\_\_\_ €

Owned

Current value: \_\_\_\_\_ €

Leased

Lease value: \_\_\_\_\_ €

VIII. Warehousing facility is:

Rented

Annual Rent \_\_\_\_\_ €

Owned

Current value: \_\_\_\_\_ €

Leased

Lease value: \_\_\_\_\_ €

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IX. What is the geographic sales area coverage for your products?

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## SECTION C SALES & MARKETING INFORMATION

I. Identify the key industry segments that you focus on and the % of your current business volume that each segment makes up

- Food & Nutrition \_\_\_\_\_ %
- Pharmaceutical & nutraceutical \_\_\_\_\_ %
- Personal care & cosmetics \_\_\_\_\_ %
- Paints & Coatings \_\_\_\_\_ %
- Adhesives & Sealants \_\_\_\_\_ %
- General chemical process industry \_\_\_\_\_ %
- Others (Specify) \_\_\_\_\_ %

II. Identify 5 products that contribute the highest share of your sales.

PRODUCT	ANNUAL SALES (MT)	ANNUAL SALES (EURO)

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Steuernummer : 43/734/025/62

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T: +86 21 5404 1265  
Business Regn. Nr. 9130000MADEKCY1XJ

ICV Global Trade FZE  
Office 322A, Business Center 4  
RAKEZ Business Zone - FZ  
Ras Al Khaimah, UAE.  
T: +971 7(0) 226 3511  
Trade License #: 5019538

III. Identify top 5 companies with whom you do the most business

COMPANY	PRODUCT (S)	ANNUAL VOLUME (MT)	ANNUAL TURNOVER (EURO)

## **SECTION D FOR INTERNATIONAL CREDIT & SHIPPING REGULATIONS APPROVAL**

i. Banking reference:

Name of Bank \_\_\_\_\_

Address of Bank \_\_\_\_\_

Your IBAN # \_\_\_\_\_

Swift (BIC of Bank) \_\_\_\_\_

Email \_\_\_\_\_

Other Details (if necessary) \_\_\_\_\_

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ii. Trade reference:  
Name of person \_\_\_\_\_  
  
Company Name \_\_\_\_\_  
  
Address \_\_\_\_\_  
  
Phone # \_\_\_\_\_  
  
Email \_\_\_\_\_  
  
Reference type \_\_\_\_\_

iii. Does your company require a license to import chemicals into your country? Please provide details.

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iv. Is there any additional information about shipping and other regulations that we must be aware of before shipping goods to you?

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**SECTION E** **GENERAL**

i. Is there any information that you would like to add to help us know you better and to serve you better?

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- ii. By signing below, I acknowledge that I have read and understood each section of the channel partner application form and all the information that I have provided is correct to the best of my knowledge and on the date of filling this form

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE:-**

1. Please read and fill all sections of this form so that we are in a better position to serve you.
2. Unless otherwise indicated all amounts must be annualized and in Euros.
3. The information in this form is solely for the internal use of ICV and will not be shared with any government & tax authorities unless compliance with state regulations deems it necessary. The confidentiality of the information provided herein is sacred.
4. After filling all sections of this form please sign on the last page and email a scanned copy to [crm@icvglobal.com](mailto:crm@icvglobal.com) or to your sales contact.

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