



MICROGEN BIOPRODUCTS LTD.
CONFIDENTIAL DISTRIBUTOR QUESTIONNAIRE

(PLEASE COMPLETE THE FOLLOWING)

REGISTERED COMPANY NAME:

ADDRESS:

.....

.....

TELEPHONE NUMBER(S):

TELEFAX NUMBER(S):

E-MAIL ADDRESS

VAT NUMBER (IF APPLICABLE)

COMPANY OWNERSHIP: **PUBLIC*:**

(*DELETE WHERE APPLICABLE) **PRIVATE*:**

BANK DETAILS

BANK NAME:

ADDRESS:

.....

CONTACT NAME:

TELEPHONE NUMBER(S):

TELEFAX NUMBER(S):

ACCOUNT NUMBER(S):

BUSINESS/CREDIT REFERENCES

1. **NAME:**

ADDRESS:

.....

TELEPHONE NUMBER:

CONTD/.....

2. NAME:

ADDRESS:

.....

.....

TELEPHONE NUMBER:

CURRENT BUSINESS PERFORMANCE

SALES REVENUE DURING THE LAST FINANCIAL YEAR: DURING THE PERIOD TO

PERCENTAGE INCREASE IN REVENUE OVER THE LAST 6 YEARS:

2000: 2001: 2002:

2003: 2004: 2005:

KEY MARKET SECTORS (IDENTIFY DISTRIBUTION CHANNELS, FOR EXAMPLE DIRECT SALES FORCE, AGENTS, SUB-DISTRIBUTORS, CATALOGUE, TELESALES).

CLINICAL:

FOOD:

ENVIRONMENT:

WATER:

OTHER (SPECIFY):

PRINCIPALS/AGENCIES REPRESENTED (PLEASE INDICATE THE MANUFACTURER, COUNTRY OF ORIGIN, KEY PRODUCTS, ESTIMATE OF MARKET SHARE, PERCENTAGE OF REVENUE)

1.
2.
3.
4.
5.
6.

SALES/DISTRIBUTION/TECHNICAL

TOTAL NUMBER OF EMPLOYEES:

TOTAL NUMBER OF SALES REPRESENTATIVES:

NUMBER OF IN-HOUSE TECHNICAL SUPPORT STAFF:

CONTD/.....

HOW MANY OF YOUR SALES FORCE ARE EXPERIENCED IN THE FOLLOWING MARKETS:

CLINICAL DIAGNOSTICS:
CLINICAL MICROBIOLOGY:
NON-CLINICAL MICROBIOLOGY:
ELISA/EIA/RIA:
LIQUID HANDLING:
LATEX TECHNOLOGY:
SOFTWARE & COMPUTERS:

NUMBER, NAME AND LOCATION OF SUB DEALERS/AGENTS

1.
2.
3.
4.
5.

PLEASE COMPLETE THIS QUESTIONNAIRE AND RETURN TO THE NAME AND ADDRESS BELOW AS SOON AS POSSIBLE:

**MICROGEN BIOPRODUCTS LIMITED
1 ADMIRALTY WAY
CAMBERLEY
SURREY GU15 3DT
UNITED KINGDOM
TEL: +44 1276 600081
FAX: +44 1276 600151
E-MAIL: AKING@MICROGENBIOPRODUCTS.COM**

PLEASE INCLUDE ANY RELEVANT LITERATURE OR INFORMATION ON YOUR COMPANY (ANNUAL REPORTS, HISTORY, ORGANISATION STRUCTURE).

QUESTIONNAIRE COMPLETED BY:
COMPANY:
POSITION:
DATE: