

COMPANY	Name				
	Address/Country				
	Telephone				
	Fax				
Primary contact	Name/ Function				
	Mobile				
	Email				
	Websites				
CERTIFICATES	Does your company have any ISO certification?	ISO 22716 GMP	ISO 9001	ISO 13485	Other
Business established (year)					
Business Model (manufacturer/reseller/distributor)					

FORMULATION	Formula provided by customer	<input type="checkbox"/>
	New formula	<input type="checkbox"/>
	Formula ready to use	<input type="checkbox"/>
	Other (specify)	
TARGET CUSTOMER	Professional	<input type="checkbox"/>
	Final customer	<input type="checkbox"/>
	Gender (Men) (Women)	<input type="checkbox"/>
PRODUCT CATEGORY	Cosmetics	<input type="checkbox"/>
	Medical device Class I	<input type="checkbox"/>
	Medical device Class II	<input type="checkbox"/>
	Medical device Class IIa	<input type="checkbox"/>
	Medical device Class III	<input type="checkbox"/>
PRODUCT INDICATION	Other	<input type="checkbox"/>
	Cleanser	<input type="checkbox"/>
	Sun protection	<input type="checkbox"/>
	Anti-aging	<input type="checkbox"/>
	Anti-cellulite	<input type="checkbox"/>
	Whitening	<input type="checkbox"/>
	Stretch marks	<input type="checkbox"/>
	Acne scars	<input type="checkbox"/>
	Skin nutrition	<input type="checkbox"/>
	Eye contour	<input type="checkbox"/>
Hair	<input type="checkbox"/>	
Other (Specify):		
QUANTITIES	Less than 1.000 units	<input type="checkbox"/>
	5.000 units	<input type="checkbox"/>
	+ 10.000 units	<input type="checkbox"/>
	Other:	
PRODUCT PRESENTATION	Gel	<input type="checkbox"/>
	Solution	<input type="checkbox"/>
	Serum	<input type="checkbox"/>
	Cream	<input type="checkbox"/>
	Ointment	<input type="checkbox"/>
	Powder	<input type="checkbox"/>
	Shampoo	<input type="checkbox"/>
	Spray	<input type="checkbox"/>
	Mask	<input type="checkbox"/>
	Other (specify):	

INGREDIENTS	Peptides	<input type="checkbox"/>			
	Aminoacids	<input type="checkbox"/>			
	Vitamins	<input type="checkbox"/>			
	Hyaluronic acid	<input type="checkbox"/>			
	Glycolic acid	<input type="checkbox"/>			
	AHA / TCA / PHN	<input type="checkbox"/>			
	Plant extracts	<input type="checkbox"/>			
	PPC + Deoxycholate	<input type="checkbox"/>			
	Other (specify)				
	PRODUCT CAPACITY (mL)	1 mL	2 mL	3 mL	4 mL
15 mL		20 mL	30 mL	50 mL	
100 mL		200 mL	500 mL		
Other (specify)					
PRIMARY PACKAGING	Ampoule	<input type="checkbox"/>			
	Vial	<input type="checkbox"/>			
	Syringe	<input type="checkbox"/>			
	Bottle	<input type="checkbox"/>			
	Jar	<input type="checkbox"/>			
	Tube	<input type="checkbox"/>			
	Bulk	<input type="checkbox"/>			
	Other (specify)				
PRIMARY IDENTIFICATION	Serigraphy	<input type="checkbox"/>			
	Sticker	<input type="checkbox"/>			
	Other (specify)				
INSTRUCTIONS FOR USE	To be designed by STPG	YES	NO		
	To be designed by STPG	YES	NO		
SECONDARY PACKAGING	Blister	<input type="checkbox"/>			
	Foam	<input type="checkbox"/>			
	Other (specify)				
FINAL PACKAGING FORMAT	Carton box	<input type="checkbox"/>			
	Plastic box	<input type="checkbox"/>			
	Other (specify)				

<b>EMPLOYEES</b>	Total N° (Company's Organizational Chart can be attached)	
	N° of Sales Rep. for each sales channel (related to our brands only)	
	Product Manager	
	N° of Sub-dealer	
<b>MARKETS/COUNTRIES COVERED</b>		
<b>SALES CHANNELS AND N°</b> (e.g. hospitals, clinics, pharmacies, drugstores, beauty centers, etc.)		
<b>MAIN PLAYERS AND PRODUCTS IN YOUR COUNTRY FOR THOSE PRODUCTS</b>		
<b>MOST IMPORTANT FACTOR FOR SALES OF THOSE PRODUCTS IN YOUR COUNTRY?</b> (e.g. quality, prices, specifications, brand value, connection with key men, etc.)		
<b>IF YOUR COMPANY HAVE A ISO CERTIFICATE OR OTHER CERTIFICATIONS, PLEASE ATTACH IT.</b>		
<b>TOTAL TURNOVER</b> (VAT excluded) in Euro	2017	
	2018	
	2019	
<b>CURRENT SALES-PARTNERSHIPS WITH OTHER COMPANIES IN AESTHETIC DERMATOLOGY OR OTHER SPECIALITY</b>		
<b>LIST OF THE CURRENT PRODUCT RANGE IN AESTHETIC/DERMATOLOGY MARKET</b>		