

## MISSIONE IMPRENDITORIALE in OMAN e QATAR

### Muscat e Doha, 10-14 Novembre 2014

### COMPANY PROFILE

<b>COMPANY NAME</b>		
<b>ADDRESS</b>		
<b>POSTAL CODE</b>	<b>CITY</b>	<b>PROVINCE</b>
<b>TELEPHONE</b>	<b>FAX</b>	
<b>WEBSITE</b>		
<b>E-MAIL</b>		
<b>CONTACT PERSON</b>		
<b>JOB TITLE</b>		

#### 1. ACTIVITY SECTOR

- HOME FURNITURE
- CONTRACT
- INTERIOR DESIGN
- LIGHTING
- BUILDING MATERIALS

- OFFICE FURNITURE
- INFRASTRUCURE
- CONSTRUCTION
- OTHER: \_\_\_\_\_

#### 2. DESCRIPTION OF THE PRODUCTS/SERVICES

DESCRIPTION	DUTY CODE

Who is the final consumer of your products/services?


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What is the main application of your products/services?


### 3. COMPANY INFORMATION

<b>START OF ACTIVITY :</b>	<b>WORKFORCE :</b>
<b>TURNOVER (Mln. €):</b>	<b>EXPORT TURNOVER (%) :</b>
<b>2012</b> _____	<b>% 2012</b> _____
<b>2013</b> _____	<b>% 2013</b> _____

Where do you sell your product?

GEOGRAFIC AREA	0-15%	15-40%	40-60%	60-100%
Italy				
Europe				
Asia				
Usa and Canada				
Latin America				
Mediterranean				
Middle East				

### 4. COMMERCIAL PROFILE

Main factor of competitiveness of your company:

Design	Ratio price/quality
Quality	Brand name/Presentation
Technology	Range of products
Other (specify) _____	

Presence in foreign markets (please indicate the countries):


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Your presence in foreign markets:

Direct  
Representative  
License  
Joint venture

Franchising  
Main Distribution  
Importer/Distribution  
Other (specify) \_\_\_\_\_

**Main Competitors:**

ENTERPRISES	COUNTRY

### 5. MARKET INFORMATION

Previous experience in the local market on OMAN - QATAR (if any):


Is your company in contact with local companies?  
Would you like to contact any specific company?

Yes No  
Yes No

If yes, specify the name and the address

NAME	ADDRESS	TELEPHONE	CONTACT PERSON

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Is there any specific company you want NOT to contact? Yes No

If yes, specify the name and the address

NAME	ADDRESS	TELEPHONE	CONTACT PERSON

### 6. PARTNER RESEARCH

Type of partner you are looking for in OMAN - QATAR:

Direct

Representative

License

Joint venture

Franchising

Main Distribution

Importer/Distribution

Other (specify) \_\_\_\_\_

Describe briefly the profile of the partner you would like to meet:


### 7. PERSON IN CHARGE OF THE MISSION – FOREIGN LANGUAGES SPOKEN

NAME AND SURNAME	
WORKING POSITION	
TEL.	MOB.
E MAIL	
LANGUAGE SPOKEN	