# ANNEX 5 – Business Information

1. **Business Information**

|  |  |
| --- | --- |
| * 1. Name of Company : |  |
| * 1. Year established |  |
| * 1. Form of Company | * Individual * Partnership * Corporation * Other (specify) |
| * 1. Trade Register |  |
| * 1. VAT Number |  |
| * 1. License Number (attach copy) |  |

1. **Business Address**

|  |  |
| --- | --- |
| * 1. Address : |  |
| * 1. Country |  |
| * 1. Telephone number (including country code) |  |
| * 1. Email: |  |
| * 1. Contact person |  |
| Please attach the company organizational chart | |

1. **Type of activity carried out by the company**

* Manufacturer
* Branded Products
* Generic Products
* Medical Supplies
* Laboratory Reagents
* Other Products (Specify below)

1. **Indicate annual turnover US$:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description/Year** | **2012** | **2013** | **2014** |
| Total |  |  |  |
| Pharmaceutical formulations: |  |  |  |
| Bulk Drugs: |  |  |  |
| Medical Supplies and all other health commodities: |  |  |  |
| * Products Manufactured for export * Sold only to the local market * Both | | | |

Please submit a copy of audited financial statements, with comparative figures for the previous 3 year (2012, 2013 and 2014); signed by the Vendor’s auditing/accounting firm (an English translation is required, if the statements are in a different language).