REPUBLIC OF TURKEY

MINISTRY OF TRADE

# **Application Form For International Buyer Mission Program**

**Name of Turkish Commercial Counsellor:**

**Name of Buyer Mission Program:** Nom de la Mission

* **Please type your answers and return this participation form to the Turkish Commercial Counselor. Formal acceptance will be given to you by Turkish Commercial Counselor as soon as eligibility is cleared by Ministry of Trade.**
* **Application forms must be returned by [date].**
* **Please indicate whether any of the information you have provided is confidential.**

**(1) Ministry of Trade External Demands Database.**

Details shown at 1 to 8 will automatically be used to create an entry on **Ministry of Trade External Demands Database.**

If you **do not** want details of your organization to appear on **Ministry of Trade External Demands Database,** please tick here.

**(2) Name of the Company:**

**(3) Status of the Company:**

**Please tick,**

 **Manufacturer**

 **Importer**

 **Retailer**

 **Manufacturer-Importer**

 **Wholesaler**

 **Chain Store**

 **Other (please specify)**

**Telephone & Fax:**

**E-mail & Website Address:**

**Social Media Accounts:**

**(4) Company Address**

 **(Please include postcode)**

**(5) Company representative who will attend to the**

**Program and Position**

**(6) Name of parent or holding Company (if applicable)**

**(7) Brief description of goods and/or services imported from all over the World.**

**(8) Detailed description of goods and/or services demanded from Turkey.**

**Indiquez les produits que vous souhaitez importer de la Turquie**

**(9) Total number of employees and year of count?**

 **1-10 10-50 50-100 More Than 100**

**(10) What is the company’s annual turnover and year of count? (Optional)**

**(11) What is the sum of your total annual imports?**

**in years 2019 and 2020 (world-wide)?**

**(12) What is the value of your annual imports from**

**Turkey and year of count?**

**(13) How many times has your company visited Turkey?**

* **On an Ministry of Trade Buyer Mission Program**
* **Independently?**

**(14) Are any of your objectives in participating in this mission represented by the following?**

**Categories**

 **Yes No**

**Import From Turkey**

**Preliminary research into Turkish market**

**Seeking a representative**

**Meeting new suppliers**

**Meeting existing representatives/ Suppliers**

**Partners for manufacture under**

**Licence or joint venture**

**If other, please give details**

 **Yes No**

**(15) Do you have any local contacts or representatives in Turkey?**

If **“Yes”** please give the following details

**Name & Address**

**Type of Contact: Subsidiary**

 **Associate Company**

 **Commission Agent**

I commit to participate bilateral meeting of the buyer mission program.

**Name of the person filled this form and position:**

**Date:**

Signature: