



**INTERNATIONAL
DISTRIBUTOR
APPLICATION**

Kindly fill out the form below
and submit to DeRoyal International
via FAX at +1 865 362 1343
or email as an attachment to:
intldivision@deroyal.com

ABOUT YOUR COMPANY

COMPANY NAME:

PLEASE GIVE US A BRIEF OVERVIEW OF YOUR COMPANY

<i>What is the name of your main contact?</i>	<i>What are your core areas of business?</i>
<i>Full address (include country and mailing code).</i>	<i>How can we reach you?</i>
	<i>Telephone:</i>
	<i>Fax:</i>
	<i>E-mail:</i>
	<i>Skype Account:</i>
<i>Where is your corporate headquarters located (city and country)?</i>	<i>How many branch offices do you operate and where are they located?</i>
<i>Please list all of the geographic markets and/or countries into which you distribute products.</i>	<i>Please provide your web site address.</i>
<i>How many people (total) does your company employ?</i>	<i>How many <u>direct</u> sales representatives does your company employ?</i>
<i>Do you manufacture sterile kits, packs, or trays?</i>	<i>Do you have sterilization capabilities?</i>
Yes No	Yes No



DISTRIBUTOR APPLICATION

Page 2 of 7

PLEASE DESCRIBE YOUR COMPANY ORGANIZATION

Specify the management structure and number of marketing, administrative, technical & medically qualified personnel.

PLEASE PROVIDE US WITH SOME FINANCIAL INFORMATION

<i>Bank reference</i>	<i>Are you privately owned or publicly held? If publically held, please provide the exchange and your symbol.</i>
	Private Public Exchange & Symbol:
<i>Credit Reference #1</i>	<i>Credit Reference #2</i>
<i>Company Name:</i>	<i>Company Name:</i>
<i>Contact Name:</i>	<i>Contact Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>Telephone:</i>	<i>Telephone:</i>
<i>Fax:</i>	<i>Fax:</i>
<i>E-mail:</i>	<i>E-mail:</i>
<i>Annual Turnover (Gross Sales) in U.S. dollars (select one):</i>	<i>Under \$500,000</i> <i>\$500,000 - \$1,000,000</i> <i>\$1,000,000 - \$2,000,000</i> <i>\$2,000,000 - \$5,000,000</i> <i>\$5,000,000 - \$10,000,000</i> <i>\$10,000,000 +</i>



ABOUT YOUR MARKET

<p><i>Markets your company serves (check all that apply):</i></p>	<p><i>Hospitals</i></p> <p><i>Surgery Centers</i></p> <p><i>Nursing Homes</i></p> <p><i>Home Health / Durable Medical Equipment</i></p> <p><i>Physicians' Offices</i></p> <p><i>Retail</i></p> <p><i>Sub Dealer</i></p> <p><i>Other (specify)</i></p>
---	---

PLEASE TELL US ABOUT THE TYPES AND NUMBERS OF MEDICAL SERVICES AVAILABLE IN THE MARKET YOU SERVE

Government (Public) Hospitals		Private Hospital	
Government (Public) Hospitals Acute Care Beds		Private Hospitals Acute Care Beds	
Cardiac Catheterization Laboratories		Interventional Radiology Laboratories	
Neonatal Intensive Care Units		Burn Units	
Ambulatory Surgery Centers		Wound Care Clinics	



DISTRIBUTOR APPLICATION

Page 4 of 7

WHAT ARE THE DEROYAL PRODUCT LINES OF INTEREST TO YOU?

FOR THE PRODUCT LINES OF INTEREST, WHAT PRODUCTS DO YOU CURRENTLY SELL AND WHAT PERCENTAGE OF YOUR TURNOVER RESULTS FROM EACH?

Please specify type of products and brand names

<i>Company</i>	<i>Product Line</i>	<i>Approximate Market Share (%)</i>

FOR THE PRODUCT LINES OF INTEREST, WHAT COMPETITOR PRODUCTS ARE DISTRIBUTED IN YOUR REGION?

<i>Competitor</i>	<i>Product Line</i>	<i>Approximate Market Share (%)</i>



ABOUT REGULATIONS

DESCRIBE THE REGISTRATION PROCESS FOR THE DISTRIBUTION OF IMPORTED MEDICAL PRODUCTS IN YOUR MARKET(S).

WHAT OTHER REGULATIONS GOVERN THE IMPORT OF MEDICAL DEVICES IN YOUR COUNTRY? WHAT IS THE TAXATION RATE ON MEDICAL DEVICES? DOES THE GOVERNMENT REGULATE MARK-UPS?

DESCRIBE THE TENDER PROCESS IN YOUR COUNTRY. WHAT PROPORTION OF BUSINESS IS GAINED THROUGH TENDERS?



ENTERING THE MARKET

HOW WOULD YOU PROPOSE INTRODUCING DEROYAL PRODUCTS INTO THE MARKET?

--

WHAT DIFFERENTIATES YOUR COMPANY FROM YOUR COMPETITIVE DISTRIBUTORS?

--

WOULD YOU WANT TO SELL OUR PRODUCTS REGIONALLY OR NATIONALLY?

Which countries / states / districts / areas / cities are you able to distribute to?

--

If you intend to sell nationally how do you propose to do this?

--

How will you represent DeRoyal nationally?

--

How many representatives will you have to focus on DeRoyal's products?

--

WHAT SHARE OF THE MARKET WOULD YOU EXPECT TO GET WITHIN THE FIRST 3 YEARS?

Year one	Year two	Year three



DISTRIBUTOR APPLICATION

Page 7 of 7

ANY OTHER COMMENTS YOU WOULD LIKE TO MAKE WOULD BE APPRECIATED