**Business details & production capacity**

|  |  |
| --- | --- |
| **Organisation Name** |  |
| **Contact Name**  **Phone**  **Email** |  |
| **Registered Address** |  |
| **VAT/Tax number** |  |
| **Year of registration**  **Registration number** |  |
| **Legal structure** |  |
| **Annual Turnover 2016 Please indicate in US$** |  |
| **Annual Turnover 2016- Group (if applicable) Please indicate in US$** |  |
| **Please detail of the type of your organisation (manufacturer, distributor, etc)** |  |
| **Provide details of any relevant strategic partnerships with different organisation types (manufacturers, distributors etc?)** |  |

Please provide details of your three largest customers, and indicate how much they contributed to your turnover over the past year:

|  |  |  |
| --- | --- | --- |
| **Client Organisation** | **% Contribution to turnover** | **% of annual product capacity supplied to client** |
|  |  |  |
|  |  |  |
|  |  |  |

Are you able to offer Halal certified products? If ‘Yes’, please detail which products you can offer as Halal certified.

………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………..

Using the table below – please provide details of the products your organization is able to provide.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Product** | **Do you have your own production sites? (Y/N)** | **[For manufactures] Production site & location**  [For distributors]  **Your suppliers named & location** | **Quality Standards in use[[1]](#footnote-1)** | **No of staff: Total** | **Not of staff: Quality Assurance** | **No. of metric tonnes supplied per year: current** | **No. of metric tonnes supplied per year: potential** | **Countries where your product is registered and able to supply** |
| **F75 therapeutic milk- site 1** |  |  |  |  |  |  |  |  |
| **F75 therapeutic milk- site 2**  **(if applicable)** |  |  |  |  |  |  |  |  |
| **F75 therapeutic milk- site 3**  **(if applicable)** |  |  |  |  |  |  |  |  |
| **F100 therapeutic milk- site 1** |  |  |  |  |  |  |  |  |
| **F100 therapeutic milk- site 2 (if applicable)** |  |  |  |  |  |  |  |  |
| **F100 therapeutic milk- site 3 (if applicable)** |  |  |  |  |  |  |  |  |
| **Ready-to-Use Therapeutic food – site 1** |  |  |  |  |  |  |  |  |
| **Product** | **Do you have your own production sites? (Y/N)** | **[For manufactures] Production site & location**  [For distributors]  **Your suppliers named & location** | **Quality Standards in use[[2]](#footnote-2)** | **No of staff: Total** | **Not of staff: Quality Assurance** | **No. of metric tonnes supplied per year: current** | **No. of metric tonnes supplied per year: potential** | **Countries where your product is registered and able to supply** |
| **Ready-to-Use Therapeutic food - site 2**  **(if applicable)** |  |  |  |  |  |  |  |  |
| **Ready-to-Use Therapeutic food – site 3**  **(if applicable)** |  |  |  |  |  |  |  |  |
| **Ready-to-Use Supplementary food –site 1** |  |  |  |  |  |  |  |  |
| **Ready-to-Use Supplementary food - site 2**  **(if applicable)** |  |  |  |  |  |  |  |  |
| **Ready-to-Use Supplementary food - site 3**  **(if applicable)** |  |  |  |  |  |  |  |  |
| **SNP ORS product - site 1** |  |  |  |  |  |  |  |  |
| **SNP ORS product - site 2**  **(if applicable** |  |  |  |  |  |  |  |  |
| **SNP ORS product food - site 3**  **(if applicable** |  |  |  |  |  |  |  |  |
| **Biscuit, high energy –**  **site 1** |  |  |  |  |  |  |  |  |
| **Biscuit, high energy –**  **site 2**  **(if applicable)** |  |  |  |  |  |  |  |  |
| **Biscuit, high energy**  **site 3**  **(if applicable)** |  |  |  |  |  |  |  |  |

Please provide details of quality assurance audits that your organization has received in the last 12 months (please record the date of audit, the type of audit, the body responsible for the auditing)

e.g Country Ministry of Health, January 2017, Full production facility audit with offsite product quality testing.

1………………………………………………………………………………………………………………………….

2………………………………………………………………………………………………………………………….

3………………………………………………………………………………………………………………………….

4………………………………………………………………………………………………………………………….

5………………………………………………………………………………………………………………………….

6………………………………………………………………………………………………………………………….

(Add as appropriate)

Please provide any other relevant information which you think would be useful to SCI (maximum two pages of A4). Information could include market trends, new product information, distribution practices or other relevant business information).

1. ISO, GMP, Codex Alimentarius, HACCP, etc. [↑](#footnote-ref-1)
2. ISO, GMP, Codex Alimentarius, HACCP, etc. [↑](#footnote-ref-2)