REPUBLIC OF TURKEY
MINISTRY OF ECONOMY

Application Form For International Buyer Mission Program

Name of Turkish Commercial Counsellor:

Name of Buyer Mission Program:

- **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 Economy.**
- **Application forms must be returned by [date].**
- **Please indicate whether any of the information y**

(1) Ministry of Economy External Demands Database.

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

If you **do not** want details of your organization to appear on **Ministry of Economy 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)**

(4) Company Address
(Please include postcode)

Telephone & Fax:

E-mail & Website Address:

(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.

(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 2013 and 2014 (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 Economy 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

(15) Do you have any local contacts or representatives in Turkey? **Yes** ☐ **No** ☐

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: