REPUBLIC OF TURKEY

MINISTRY OF TRADE

Application Form for International Buyer Mission Program

MUSİAD Expo Buyers Mission Program by Republic of Turkey Ministry of Trade

(18-21 November 2020)

The application deadline is November 1, 2020. Applications after the deadline will not be accepted. Confirmation of Republic of Turkey Commercial Counselor / Attache is required for approval of application. MÜSIAD will contact regarding the approved applications. During the program, all participants must obey the Covid-19 rules of Turkey. If the participants health deteriorates during or after the program, they must inform MUSİAD so that the epidemic does not progress.

1) Name of the Company:\*

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2) Country Registered İn:\*

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3) Company Field of Activity (Sector):\*

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4) Status of the Company: Please tick, :\*

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| --- |
| 󠇍 Manufacturer 󠇍󠇍 Wholesaler󠇍 Importer 󠇍󠇍 Chain Store󠇍 Retailer 󠇍󠇍 Other (please specify)󠇍 Manufacturer-Importer |

Other (please specify):

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5) Company Address (Please include postcode):\*

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6) Company representative who will attend to the Program and Position:\*

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7) Name of parent or holding Company (if applicable):

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8) Brief description of goods and/or services imported from all over the World:\*

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9) Detailed description of goods and/or services demanded from Turkey:\*

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Telephone:\*

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Fax:

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E-mail:\*

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Website Address:\*

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Social Media Accounts:

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10) Total number of employees:\*

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

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12) What is the sum of your total annual imports? in years 2018 and 2019 (world-wide)?:\*

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13) What is the value of your annual imports from Turkey and year of count?:\*

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Total number of employees year of count: \*

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| --- |
| 󠇍 1-10 󠇍󠇍 50-100󠇍 10-50 󠇍󠇍 More Than 100 |

14) How many times has your company visited Turkey?

• On an Ministry of Trade Buyer Mission Program :\*

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• Independently?:\*

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15) Are any of your objectives in participating in this mission represented by the following?

Categories

|  |  |
| --- | --- |
| Import From Turkey:\* | 󠇍 Yes 󠇍󠇍 No |
| Preliminary research into Turkish market:\* | 󠇍 Yes 󠇍󠇍 No |
| Seeking a representative:\* | 󠇍 Yes 󠇍󠇍 No |
| Meeting new suppliers:\* | 󠇍 Yes 󠇍󠇍 No |
| Meeting existing representatives/ Suppliers:\* | 󠇍 Yes 󠇍󠇍 No |
| Partners for manufacture under Licence or joint venture:\* | 󠇍 Yes 󠇍󠇍 No |
| If other, please give details: | 󠇍 Yes 󠇍󠇍 No |

16) Do you have any local contacts or representatives in Turkey?:\*

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| 󠇍 Yes 󠇍󠇍 No |

If “Yes” please give the following details Name & Address:

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| Type of Contact :\* | 󠇍 Subsidiary 󠇍󠇍 Commission Agent󠇍Associate Company |

Name of the person filled this form and position:

|  |  |
| --- | --- |
| NameSurname:\* |  |
| Position:\* |  |

Passport (image):

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