REPUBLIC OF TÜRKİYE MINISTRY OF TRADE

Application Form For International Buyer Mission Program

	Name of Turkish Commercial Counsellor:			
	Name of Buyer Mission Program:			
<u>•</u>		sh Commercial Counsel	on form to the Turkish Commercial Counselor. Formal acceptar or as soon as eligibility is cleared by Ministry of Trade.	nce
•	_Please indicate whether any	of the information you h	nave provided is <u>confidential</u> ,	
(1 <u>)</u>	Ministry of Trade External Den	nands Database.		
De	ails shown at 1 to 8 will automat	ically be used to create ar	n entry on Ministry of Trade External Demands Database.	
If y	ou <u>do not</u> want details of your or	ganization to appear on N	Ministry of Trade External Demands Database, please tick here.	
	Name of the Company:			_
	Status of the Company:			
	ase tick,			
_	Manufacturer			
	Importer			
$\overline{}$	Retailer			
	Manufacturer-Importer			
	Wholesaler			
	Chain Store			
	Other (please specify)			
	Company Address ease include postcode)			
7	elephone & Fax:	1		\exists
h	-mail & Website Address:			=
Ŀ	locial Media Accounts:			
Pro	Company representative who gram and Position Name of parent or holding Co			
(0)	realing of parent of Holding Col	mpany (ii applicable)		
(7)	Brief description of goods and	d/or services imported fr	rom all over the World.	
				1

(8) Detailed description of goods and/or services demanded from Türkiye.					
(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 2020 and 2021 (world-wide)?					
(12) What is the value of your annual imports from					
Türkiye and year of count?					
(13) How many times has your company visited Türkiye?					
On an Ministry of Trade Buyer Mission Program					
• Independently?					
(14) Are any of your objectives in participating in this mission represented by the following?					
<u>Categories</u>					
Yes No Import From Türkiye					
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 Türkiye? If "Yes" please give the following details					
Name & Address					
Type of Contact: Subsidiary					

Commission Agent		
I commit to participate in bilateral meeting of the buyer mission		
program.		
Name of the person filled this form and position:		
Date:		
Signature:		

Associate Company